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AUTHOR Mainzer, Richard W.; And Others
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ABSTRACT

The report examines due process protections and requirements in evaluation as mandated by P.O. 94-142 (The Education for All Handicapped Children Act) and Maryland special education Bylaw. A checklist guide for Admission, Review, and Dismissal (ARD) personnel to ensure protection in evaluation is provided. Self check guidelines touch on 16 aspects, including informed parent consent, nondiscrimination, areas of assessment, use of assessments in ARD placement decision making, primary language or communication mode, assessment administration guidelines, and requirements of the written reports and signature. Five appendixes to that section are included, such as sample summary sheets and a guide for nonbiased assessment. Also addressed in separate topics are evidence of compliance with 94-142; a list of anticipated inservice needs, objectives, competencies, and strategies; a model for conducting assessments of mild to moderately handicapped children; and suggestions for evaluating children with low incidence handicapping conditions. (CL)

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MARYLAND STATE DEPARTMENT OF EDUCATION

DIVISION OF SPECIAL EDUCATION

GUIDELINES FOR PROTECTION IN EVALUATION

Prepared by:

Richard W. Mainzer,

Educational Specialist

In cooperation with:

Dr. Linda J. Jacobs,

Assistant State Superintendent for Special Education

Dr. Camille Peck,

Branch Chief, Program Development and Assistance

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TABLE OF CONTENTS

Section		Page
One	Introduction and Description of the Protection in Evaluation Guidelines System.	1
Two	A. Checklist Guide for ARD Chairpersons in Assuring Protection in Evaluation.	5
	B. Self-Check Guidelines for Protection in Evaluations	11
	#1 Informed Parent Consent.	12
	#2 Nondiscrimination.	16
	#3 Multidisciplinary Team	18
	#4 Full and Individual Educational Evaluation	19
	#5 Primary Language or Mode of Communication.	24
	#6 Technical Soundness of Tests	27
	#7 Assessment Administration Guidelines	32
	#8 Areas of Assessment.	33
	#9,10 Assessing Children with Impairments.	35
	#11,12 Requirements of the Written Reports & 13,14,15 Signature.	41
	#16 Use of Assessments in ARD Placement Decision-Making.	49
	C. Appendices	
	A Procedures for Assessing Students with Suspected Specific Learning Disabilities	50
	B Analysis of Requirements of Written Assessment Reports	53
	C Assessment Team Planning and Assignment Summary Sheet.	55
	D Guide for Nonbiased Assessment	58
	E Selected Portions from APA Standards for Educational and Psychological Tests (Standards for the Use of Tests)	67
Three	Evidence of Compliance.	76

TABLE OF CONTENTS
(Continued)

Section		Page
Four	Anticipated Inservice Needs	79
Five	A Model for Conducting Assessments of Mild to Moderately Handicapped Children	83
Six	Recommendations for the Evaluation of Children with Low Incidence Handicapping Conditions	100

SECTION ONE

INTRODUCTION AND DESCRIPTION OF THE PROTECTION IN EVALUATION GUIDELINES SYSTEM

There are specific protections and safeguards built into both P.L. 94-142 and the Maryland Bylaw, which must be met when conducting evaluations for making special education placement decisions.

Prior to any such evaluation, the written consent of the parents must be obtained, and this consent must also include a description of each evaluative procedure, test, record, or report that will be used along with the rationale for their use.

All testing and evaluation materials and procedures which are used for the purposes of evaluation and placement of handicapped children must be selected and administered so as not to be discriminatory by race, sex, culture, language, national origin, or cultural difference.

Prior to the initial placement of a handicapped child in a special education program, a full and individual educational evaluation must be conducted.

All tests and evaluation procedures used must: (1) be provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so; (2) be validated for the specific purpose for which they are used; (3) administered by trained personnel in conformance with the producer's instructions.

The tests must be selected and administered so as to ensure that when a test is administered to a child who has a sensory, manual, or speaking impairment, the results reflect the child's aptitude, achievement, or whatever factors the tests purport to measure. They should not reflect the sensory, manual, or speaking impairment, except when you are using a test designed to measure these impairments, designed for that purpose.

The evaluation must be done by a multidisciplinary team or group of persons. A teacher or specialist with knowledge in the area of suspected service need must be included on the multidisciplinary team.

The child under evaluation must be assessed in all areas related to the suspected service need, including where appropriate health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

The Maryland Bylaw requires that the evaluation be conducted in a particular sequence and time-frame.

If upon screening, a child is determined as possibly needing special education service, the LEA must conduct an educational assessment, within 45 days from the date of referral. This educational assessment, which is done in all cases, shall consist of reading, math, spelling, written and oral language, and perceptual motor functioning, as appropriate.

In addition to the educational assessment, further assessments shall be done, as appropriate, in the areas of cognitive, emotional, and physical functioning. The cognitive assessment shall include a psychological and/or a speech

and language assessment and shall be administered by a professional certified in his specialty area by MSDE. The assessment of emotional factors shall include a psychiatric evaluation, and/or an evaluation by a certified or licensed psychologist, or an MSDE certified school psychologist. The assessment of physical factors shall include medical, opthalmological, audiological, and/or neurological assessments, as appropriate. They shall be administered by licensed individuals in their respective specialty areas.

Each assessment shall include: (1) a description of behaviors which establishes the existence of a handicapping condition; (2) a statement which describes, in terms of special education services needed, the child's performance as it deviates from developmental milestones and/or general education objectives, as appropriate; (3) a statement of the criteria used to establish the deviation and eligibility for special education services, and the criteria used to make the determinations required on the cognitive and emotional assessments; (4) the signature of the assessor.

The assessments must be written and must include patterns of development, learning, and behavior, as well as academic achievement. This information must be considered by the ARD Committee in determining program placement.

The assessment can be waived only if: (1) a comparable assessment is available and done within the last six months; and (2) both parents and the LEA agree to the waiver in writing.

The Maryland Bylaw, as written, is noncategorical. The categorical definitions contained in it are taken directly from P.L. 94-142. We must use these categories in establishing that a disability exists, but by far the more important issues involve identification of the student's special educational needs.

This document concerns itself strictly with the due process protections and requirements around evaluation. It is laid out in seven sections. Section One is designated to serve as an introduction and to facilitate your use of it.

Section Two contains two parts. The first is simply a copy of the checklist guide for ARD chairpersons in assuring Protection in Evaluation. The checklist is designated to comprehensively cover the regulations set out by law. It gives the ARD chairperson a relatively quick method to determine whether an appropriate evaluation has been conducted. The use of the checklist is in no way mandatory. However, the responsibility of the LEA to provide the due process delineated in the checklist is mandatory, regardless of whether or not the LEA chooses to use the checklist as a mechanism to do so. It can be completed prior to the ARD IEP writing and placement decision meeting, or it can be completed at the meeting as a preliminary to the IEP writing and placement decision-making. It is hoped that use of the checklist will not only assure appropriate protections in evaluations, but will also aid the ARD chairpersons in identifying areas of difficulty and/or concern which can be addressed more specifically through short range technical assistance and long range inservice education projects.

Part two of Section Two is keyed into checklist guides and addresses each question more specifically. Its intent is to help clarify the questions with examples, guide questions, descriptions, and resourse lists. Part two is de-

signed to be used by the evaluation team in determining the appropriateness of its evaluation. It is a resource guide.

Section Three identifies possible products which may be used in assuring protection in evaluations. The products are listed under two categories: primary (direct evidence) and secondary (indirect, supporting evidence). During site visits the MSDE monitoring and evaluation teams will be checking not only the existence of items such as IEPs, but also the appropriateness of these as based upon an appropriate assessment.

Section Four identifies target persons who may be in need of training in the implementation of the protection in evaluation guidelines, along with specifying the terminal competency (s) of each target group. Possible strategies for delivery of training are also identified along with evaluation activities.

Section Five presents one possible model which can be used in planning and conducting as evaluation for a child with suspected mild to moderate handicapping conditions.

Section Six presents some recommendations for use in planning and conducting an evaluation of a child with a low incidence handicapping condition.

Explanation of Legal Reference Notation

The contents of this document get primary guidance from two sets of regulations: Public Law 94-142 and the Maryland State Bylaw 13.04.01. References to these regulations have been specifically noted throughout the document for the user's convenience. Notations such as P.L. 94-142 Sec. 121a 531 index the user to Public Law 94-142 regulations as they were published in the Federal Register, Vol. 42, No. 163--Thursday, August 23, 1977. Notations such as MD Bylaw 13.04.01 C1 reference the user to Maryland State Bylaw 13.04.01 as published by the Maryland State Department of Education.

SECTION TWO A

CHECKLIST GUIDE FOR ARD CHAIRPERSONS IN ASSURING PROTECTION IN EVALUATION

(Insert LEA Heading Here)

CHECKLIST GUIDE FOR ARD CHAIRPERSONS IN ASSURING PROTECTION IN EVALUATION

This checklist can help provide the ARD chairperson with the necessary information needed in assuring that the evaluations performed conform with the legal mandates concerning protection in assessments. Upon receiving the written evaluation report(s), the ARD chairperson should ask the following questions of the appropriate evaluation personnel. Once it has been established that the answer to each question is in the positive, simply check off. Whenever a clear affirmation is not received, record a "no" response and include a specific statement of explanation. These questions are mandates taken from Federal and State Laws. If any questions are answered in the negative, give careful consideration to halting the proceedings until the specific situation can be rectified. In the opinion of the ARD Committee, if a comparable assessment has been done during the previous six months and is available to the ARD Committee, provided the parents and local education agency agree, that assessment may be waived. This checklist should still be completed in all cases. (Page references following each item on the checklist refer the user to the expanded self-check guidelines for that item in Section 2B of this manual.)

This document may be completed by the evaluation team chairperson prior to ARD Committee review, but must be signed by the ARD Committee chairperson. Upon completion this document should be filed and retained in the student's folder.

EVALUATORS

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

CHILD'S NAME _____

SIGNATURE OF ARD CHAIRPERSON _____ DATE _____

1. Is there an Informed Parental Consent Form on file granting permission to use the agreed upon evaluation tests or other assessment procedures prior to conducting any preplacement evaluations? (P.L. 94-142 Sec. 121a 504(a), (b) and 121a 505) Page 12

_____ Yes _____No

Explain:

2. Are the tests and other materials, which were used for evaluation, and are to be used for placement decision-making, free from bias in all the following areas? national origin, race, sex, linguistics, religion and culture (P.L. 94-142 Sec. 121a 530 and Maryland Bylaw 13.04.01.05A) Page 16

_____Yes _____No

Explain:

3. Were the evaluations done by a group of people, including at least one teacher or specialist in the area of suspected service need? (P.L. 94-142 Sec. 121a 532a) Page 18

_____Yes _____No

Explain:

4. Was the student given a full and individual educational evaluation consisting of reading, math, spelling, written and oral language, and perceptual motor functioning as appropriate? (P.L. 94-142 Sec. 121a 531, 121a 532a3b and Maryland Bylaw 13.04.01.05c1) Page 19

_____Yes _____No

Explain:

5. Were the evaluations administered in the student's primary language or mode of communication? (P.L. 94-142 Sec. 121a1 and Maryland Bylaw 13.04.01.05c1) Page 25

_____Yes _____No

Explain:

6. Are the tests and other materials which were used, validated for the specific purpose for which they are used? (P.L.94-142 Sec. 121a 532a2) Page 27

_____Yes _____No

Explain:

7. Were the tests and other materials administered by a trained person in conformance with the producer's instructions? (P.L. 94-142 Sec. 121a 532a3) Page 31

_____Yes _____No

Explain:

8. Has the student been assessed in all areas relating to the suspected service needs (I.E. vision training, hearing training, health services, social and emotional adjustment assistance, general intelligence cognitive skills, academic skills, communicative skills and motor training? (P.L. 94-142 Sec. 121a 532f and Maryland Bylaw 13.04.01.05C1,2abc) Page 33

_____Yes _____No

Explain:

9. Were the tests and other evaluation materials selected and administered in such a way as to insure that the results do <u>not</u> reflect a sensory, manual, or speaking impairment, except where those impaired skills are specifically being measured? (P.L. 94-142 Sec. 121a 532c) Page 35

_____Yes _____No

Explain:

10. Do the tests and other evaluation materials accurately reflect the child's aptitude, achievement, or whatever factors the tests purport to validly measure? (P.L. 94-142 Sec. 121a 532c) Page 35

_____Yes _____No

Explain:

11. Does the assessment report include a description of behaviors which establish the existence of a handicapping condition? (Maryland Bylaw 13.04.01.05c3a) Page 41

_____Yes _____No

Explain:

12. Does the assessment report include a statement which describes, in terms of special education services needed, the child's performance as it deviates from developmental milestones and/or general education objectives? (Maryland Bylaw 13.04.01.05C3b) Page 41

_____Yes _____No

Explain:

13. Does the assessment report include a statement of the criteria used to establish the deviation of the child's behaviors from those of non-handicapped age mates, which establishes the eligibility for special education services, and the criteria used to make determinations required by either the cognitive or emotional assessments? (Maryland Bylaw 13.04.01.05C3c) Page 41

_____Yes _____No

Explain:

14. Does the report include patterns of development, learning or behavior, as well as academic achievement? (Maryland Bylaw 13.04.01.05C4) Page 41

_____Yes _____No

Explain:

15. Does each report include the signature of the individual who has conducted each assessment? (Maryland Bylaw 13.04.01.05 3Cd) Page 41

_____Yes _____No

Explain:

Placement Decision-Making

16. In interpreting the evaluation data and in making placement decisions, has it been assured that the placement decision is made by a group of people, including persons knowledgeable about the child, the meaning of evaluation data, and the placement options? (P.L. 94-142 Sec. 121a 533a4) Page 49

_____Yes _____No

Explain:

17. In interpreting the evaluation data and in making placement decisions, has it been assured that all the information used is documented and carefully considered? (P.L. 94-142 Sec. 121a 533a1,2 and Maryland Bylaw 13.04.01.05C5) Page

_____Yes _____No

Explain:

SECTION TWO B

SELF-CHECK GUIDELINES FOR PROTECTION IN EVALUATION

#1
Informed Parent Consent
(P.L. 94-142 Sec. 121a 505)

The written permission of the parents must be obtained before conducting a preplacement evaluation. This permission is an "informed consent." This implies that it is not sufficient just to obtain the parents' consent; the parents must understand what action is being proposed and why it is being proposed. In addition, the parents must understand the procedural safeguards which are available to them. Procedural Safeguards: Due Process, the manual published by the Maryland State Department of Education, may be a helpful vehicle to use in the conference with the parents.

A sample consent form is included. It is important that the form used be written in language that is understandable to the parents. If their primary language is other than English, arrangements should be made for a translator to be present. Use the parents' mode of communication. If the parent is deaf and uses sign language, then signing should be used.

Checklist

1. Upon receipt of a referral, was written notice of the need for an evaluation and possible future actions given to the parents, a reasonable time in advance of conducting the evaluation?

   _____Yes _____No

   Explain:

2. Was the notice provided in the primary language and/or mode of communication used by the parents?

   _____Yes _____No

   Explain:

3. Were the parents given a full written explanation of the due process procedural safeguards which are available?

   _____Yes _____No

   Explain:

4. Does the notice contain: (1) the reason the evaluation is needed; and (2) a description of the proposed evaluation?

_____Yes _____No

Explain:

5. Did the parents intelligently give an informed consent?

_____Yes _____No

Explain:

(Insert LEA Heading Here)

Date_____

SAMPLE
PARENT NOTIFICATION OF REFERRAL

To the Parents/Guardian of _____:

Your child, _____, has been referred to the Admissions Review and Dismissal Committee, as possibly in need of special educational services. The reasons for this referral are: _____

_____

_____

_____.

We would like your permission to do some individual testing to better understand your child's needs and to provide your child with any special educational services needed. In order to discuss this more fully and to answer any questions you may have, would you meet with us on _____ at _____ in the _____. If this is not a convenient time, please contact me at _____ so that a more convenient time can be arranged.

Sincerely,

_____
School Principal

White copy (original) to parent; yellow copy to child's cumulative; pink copy to ARD chairperson.

(Insert LEA Heading Here)

Date_____

SAMPLE

INFORMED PARENT CONSENT

FOR

EVALUATION SERVICES

I, _____, grant my permission for the school system to conduct the individual assessments in the areas listed below. I understand that I will be notified of the results and recommendations of the evaluation, and I will be asked to participate in the writing of my child's Individual Educational Plan (IEP). The legal safeguards which are guaranteed to myself and my child have been explained to me to my satisfaction.

ASSESSMENT AREAS:

_____
Parent/Guardian Signature

_____
Telephone Number

White copy (original) to parent; yellow copy to child's cumulative; pink copy to ARD chairperson.

Public Law 94-142 states that:

> Testing and evaluation materials and procedures used for purposes of evaluation and placement of handicapped children must be selected and administered so as not to be racially or culturally discriminatory. (121a 530b)

Maryland Bylaw 13.04.01 states that:

> Local education agencies may not assess or assign children to special educational programs and services on the basis of national origin, race, sex, linguistic, religious or cultural difference. (.05A)

Legislative as well as judicial mandates are explicitly clear on demanding that nondiscrimination in evaluation and placement of exceptional children be made a reality now.

It is often difficult to know when a test or procedure is discriminatory. The regulations laid out in P.L. 94-142 provide a good framework from which to work and individuals doing evaluations should take great care in following these regulations. The regulations and mandates of P.L. 94-142 provide the framework, but it is incumbent upon each evaluator to build upon this framework. Below are some further guides to consider.

1. Do not use a standard test battery for every child. Design each battery to the child considering the information needed and the uniqueness of each child.

2. Cross validate the data using a different method for collecting the information. Check the data by using a different method and see if the results agree.

3. Be aware of and respect the limits of the test or procedure being used.

4. Within the multidisciplinary evaluation team avoid "group think" and "closed set" phenomena. Invite open analysis.

5. Set aside for the team to overtly consider the question of possible discrimination.

6. Make decisions toward the less restrictive environment. If a mistake is made, make it toward the less restrictive environment.

7. If there is a question or concern which cannot be answered within the team, seek advice from someone with more expertise.

8. Keep abreast of the current research and literature on non-discriminatory testing.

9. Become knowledgeable and proficient in using different tests and procedures, so that the procedures can be tailored to the child, not the child to the procedures.

10. Include in the report a description of any concerns or problems encountered during the evaluation process.

11. Make evaluation decisions based on the child's needs, not administrative or program convenience.

12. Avoid thinking only in terms of tests. Think in terms of assessing, measuring.

13. Examiners should be aware of the biasing effect which may be introduced in the assessment process. The most unbiased instrument can be made discriminatory by simple misuse.

14. Do not use a test or procedure unless the evaluator is professionally comfortable with it.

In Appendix D is the Guide for Nonbiased Assessment which is taken directly from the Council for Exceptional Children's publication, Protection in Evaluation Procedures: Nondiscriminatory Testing.

#3
Multidisciplinary Evaluation Team

Public Law 94-142 states that:

> The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability. (121a 532e)

Maryland Bylaw 13.04.01 states that:

> It is the responsibility of the ARD Committee to identify personnel and arrange for appropriate assessment procedures. (.06C3aii)

A preplacement evaluation will never be the product of one person, nor can it be based on just one test or assessment procedure. It is the responsibility of the ARD Committee to identify a multidisciplinary group of persons and make arrangements for the appropriate assessments.

In all cases, a teacher or other specialist in the area of suspected disability will be included in the group. Members of the group will change according to the information needed and the sources of the information. Possible persons who might be included on the team are the student's classroom teachers, psychologist, occupational therapist, physical therapist, ophthalmologist, optometrist, neurologist, psychiatrist, audiologist, psychopharmacologist, counselor, reading teacher, speech and language specialist, school nurse, educational diagnostician, social worker, or vocational rehabilitation specialist.

In any case, a preplacement evaluation will not be done by one person; will not be done By a group of persons from the same discipline; and will not be based upon just one test or procedure. By using the Child Evaluation and Planning Sheet (see Appendix B) the ARD Committee can identify needed assessments and personnel to be responsible for the assessment. As the evaluation progresses and the school and parents agree that further assessment data are required, that assessor should be added to the evaluation team.

#4
Full and Individual
Educational Evaluation

Public Law 94-142 states that:

> Before any action is taken with respect to the initial placement of a handicapped child in a special education program, a full and individual evaluation of the child's educational needs must be conducted . . . . (121a 531)

Maryland Bylaw 13.04.01 states that:

> The local education agency shall provide an appropriate educational assessment in the child's primary language for all children identified through established screening procedures as potentially in need of special education programs . . . . (.05C1)

All students, as part of their preplacement evaluation, shall receive a full and individual educational evaluation. It is during this phase of the evaluation that the child's educational needs are identified. Not all handicapped students are in need of special educational services. The evaluation team must identify special educational needs, if any, of the student.

A full and individual educational evaluation includes: identifying the student's strengths and weaknesses in the areas of reading, math, spelling, written language, oral language, and perceptual motor functioning.

Standardized, norm-referenced subject area achievement tests may be helpful in establishing that a handicap exists, or eligibility for special education services, but the evaluation should not be limited to this type of measurement. The team must gather enough data to reasonably aid in the writing of long and short range IEP objectives. To gather this data the team should consider diagnostic tests, teacher reports, observations, work samples, rating scales, self reports, anecdotals, interview, and criterion-referenced measures.

SOURCES AND USES OF INFORMATION

Source	Rationale For Use
1. Referral Forms	Information contained on referral forms, if well stated, can be used to form hypotheses concerning what other kinds of information may be needed, the criteria for acceptable performance, and the perspective of the person(s) making the referral.
2. School Records	Inspection of cumulative and other available records can be helpful in determining whether or not there are factors that might help to account for the reason for referral, whether or not there seems to be any trends in problem growth, and whether other areas seem to be in need of closer evaluation.
3. Norm-Referenced Tests	Norm-referenced tests may be used to obtain information on how one child compares with other children. In many cases, standardized tests are useful for determination of eligibility. There are many norm-referenced intelligence and achievement tests.
4. Developmental Scales	These scales compare areas of child development within the child and as compared with other children. They are especially useful with younger or more severely handicapped children, pinpointing both strengths and weaknesses.
5. Criterion-Referenced Tests	This type of test places the child at specific levels in some area of skill development. It is especially helpful for planning purposes because criterion statements are useful as goals for instruction.
6. Observation	Observation data can focus on a very specific child characteristic, such as a child's interaction with other children, and can point out areas in need of further evaluation and include such things as anecdotal records, interaction analysis, checklists, behavioral baselines, and rating scales. These observations may take place in any appropriate setting, including the home. Observational data is best obtained by those who are close to the child in his/her normal environment.
7. Interviews	Interviews with the parent, the child, and/or the teacher yield information which lends perspective to other kinds of information. They also pinpoint areas that may be priority needs or strengths.

SOURCES AND USES OF INFORMATION
(Continued)

Source	Rationale for Use
8. Work Samples	Work samples are similar to criterion-referenced testing; they provide information concerning the level of the child in some area of skill development. They are careful in planning intervention in academic areas.

Below is a list of widely used educational assessment procedures. The list is not all-inclusive and is meant as an aid in identifying some widely used tests. Specific test information is available in Buro's Tests in Print and The Seventh Annual Mental Measurements Yearbook. Information should also be available in the examiner's mannuals of each test.

1. Attending Skills and Impulse Control
   a. The Pupil Scale, Myklebust
   b. Burkes' Behavior Rating Scale

2. Visual and Auditory Discrimination and Perception
   a. Slingerland Pre-reading Screening Procedure
   b. Slingerland Screening Tests for Identifying Children With Specific Language Disability
   c. Justison or Peterson Educational Evaluation
   d. Goldman/Firstoe/Woodcock Test of Auditory Discrimination
   e. Wepman Auditory Discrimination Test
   f. The Marianne Frostig Developmental Test for Visual Perception
   h. Phonics Readiness Check, Vita Schach
   i. Trudy Form Copy Test
   j. Illinois Test of Psycholinguistic Abilities (ITPA)
   k. Metropolitan Reading Readiness Test
   l. Developmental Test of Visual-Motor Integration, Berry-Buktenica
   m. Specific Language Disability Test, Malcomesius
   n. Motor-Free Visual Perception Test

3. Receptive and Expressive Language
   a. Assessment of Children's Language Comprehension (ACLC)
   b. Illinois Test of Psycholinguistic Abilities (ITPA)
   c. Peabody Picture Vocabulary Test (PPVT)
   d. Northwestern Syntax Screening Test
   e. Boehm Test of Basic Concepts
   f. The Basic Concept Inventory, Engelmann
   g. Test of Auditory Comprehension of Language, Carrow
   h. Full Range Picture Vocabulary Test, Ammons
   i. Picture Story Language Test, Myklebust
   j. Denver Developmental Screening Test

4. Speech Development
   a. Photo Articulation Test, Pendergast, et al
   b. Echolalia Subtest from the Slingerland Screening Tests for Inentifying Children with Specific Language Disability
   c. Goldman/Fristoe Test of Articulation
   d. Arizona Articulatory Proficiency Scale
   e. Specific Language Disability Test, Malcomesius
   f. Utah Test of Language Development
   g. Verbal Language Development Scale

5. Visual and Auditory Acuity
   a. Vision Screening
   b. Threshold Audiometric Evaluation
   c. Parent Interview
   d. Cumulative and confidential records

6. Visual and Auditory Memory (short and long term)
   a. Illinois Test of Psycholinguistic Abilities (ITPA)
   b. Detroit Tests of Learning Aptitude
   c. Slingerland Screening Tests for Identifying Children with Specific Language Disability
   d. Phonics Readiness Check, Vita Schach
   e. Specific Language Disability Test, Malcomesius

7. Input and Output Processes
   a. Illinois Test of Psycholinguistic Abilities (ITPA)
   b. Slingerland Screening Tests for Identifying Children with Specific Language Disability
   c. Detroit Tests of Learning Aptitudes
   d. Peabody Picture Vocabulary Test (PPVT)
   e. Birch/Belmont Auditory-Visual Equivalents Test (Zigmond Adaption)
   f. Specific Language Disability Test, Malcomesius

8. Fine and Gross Motor Skills (both motor and visual-motor areas should be assessed)
   a. Ayres/Justison Gross Motor Screening Record
   b. Purdue Perceptual Motor Survey
   c. Justison or Peterson Educational Evaluation
   d. Ayres Handwriting Scale
   e. Slingerland Screening Tests for Identifying Children with Specific Language Disability
   f. The Marianne Frostig Developmental Test of Visual Perception
   g. Developmental Test of Visual-Motor Integration, Berry-Buktenica
   h. Specific Language Disability Test, Malcomesius
   i. Detroit Test of Learning Aptitude
   j. Denver Developmental Screening Test

9. Social and Emotional Development, including peer and teacher relationships

   (If social and emotional development is a primary area of concern, referral to or consultation with the school psychologist and/or other mental health consultants is required.)

   a. Burkes' Behavior Rating Scale
   b. Sociogram
   c. Denver Developmental Screening Test

10. Medical and Health Status
   a. Parent interview
   b. Cumulative and confidential records
   c. Reports from other professionals: health nurse, social service, pupil personnel, physician, etc.

11. Subject Area Achievement
    a. Gilmore Oral Reading Test
    b. Gray Oral Reading Test
    c. IOTA Word Recognition Test
    d. Spache Diagnostic Reading Scales
    e. Woodcock Reading Mastery Tests
    f. Gates-MacGinitis Reading Tests
    g. Peabody Individual Achievement Test (PIAT)
    h. Key Math Diagnostic Arithmetic Test
    i. Wide Range Achievement Test
    j. Durrell Analysis of Reading Skills
    k. California Achievement Tests
    l. Kottmeyer Spelling Test
    m. Botel Reading Inventory
    n. Criterion Test of Basic Skills
    o. Iowa Test of Basic Skills

12. Career Interest and Vocational Aptitudes
    a. Teacher interview
    b. Guidance testing
    c. Aptitude Tests - Differential Aptitude Tests (Psychological Corp.)
       Government Aptitude Test Battery (GATB)
       Bennett Mechanical Comprehension Test
       Kuder Preference Tests
    d. Social and Prevocational Information Battery

#5
Primary Language or
Mode of Communication

Public Law 94-142 states that:

> State and local education agencies shall insure at a minimum that tests and other evaluation materials are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so. (121a 532a1)

This question concerns itself with the evaluation of students whose primary language is other than that in which the test is written or whose mode of communication is different from the usual mode called for by the test.

An example of the first case might be, giving a student whose primary language is Vietnamese, a Wide Range Achievement Test. Without a translation the procedure is clearly confounded and the score would be meaningless. Even with a translator the procedure is not recommended because the student is not a represented member of the norm-referencing group. This kind of example can also be extended to students of minority cultures whose primary language may be a form of English. There has been considerable research in this area, and even though it is not globally conclusive in one direction or the other, it makes good sense for the evaluator to take cultural dialect and experience into consideration while evaluating.

An example dealing with mode of communication might be a case in which a deaf child is asked to respond to auditory cues as part of an assessment of cognitive functioning. This extreme case points up the confounded meaninglessness the resultant score would have and our need for insuring that when measuring a skill or ability that we are not confounding the score. If a deaf child uses signing to communicate, then signing should be the mode of communication.

1. Primary Language:
   a. What language is predominantly spoken in the pupil's home?
   b. Does the pupil need a translator?

2. Speech:
   a. Is the pupil's speech intelligible?
   b. If not, how does he or she communicate respond?

3. Hearing:
   a. Does the pupil have a hearing impairment sufficient to interfere with understanding the test directions?
   b. If so, what means of communication can be used?

4. How mature is the pupil's understanding and use of language? (i.e., syntactical functions and vocabulary meanings)

5. Vision:
   a. Does the pupil have a visual impairment severe enough to interfere with understanding of test directions and responding to test materials?
   b. If so, what adjustments need to be made?

6. Hand use:
   a. Does the pupil have sufficient control of his or her hands to manipulate test items that must be moved?
   b. If not, what adjustments need to be made?

7. Head and postural control:
   a. Is the pupil able to maintain a reasonably upright sitting/body position and head position?
   b. If not, what adjustments need to be made?

8. Sociocultural and experience background:
   Has the pupil been in an environment where he or she may not have had experience with activities like those used in the test items?

Public Law 94-142 states that:

> State and local education agencies shall insure at a minimum that tests and other evaluation materials have been validated for the specific purpose for which they are used . . . . (121a 532a2)

This poses a technical question which concerns all of us as evaluators. In order to use any test or evaluation procedure, the user must ask how well this procedure measures the variable under question.

There are basically three different types of validity: content, construct and criterion. Criterion validity further subdivides into concurrent and predictive validity. Test users should not only understand the terms involved, but should also be able to examine the validation data on the test in assessing the test's appropriateness with each case. Face validity states that the test looks like it measures what we want it to measure. Face validity is at best tenuous and is even rejected by the American Psychological Association (APA) as a sufficient validation. The use of face validity alone in evaluating standardized, norm referenced instruments is unacceptable.

In the past questions of validity have arisen mainly around the use of standardized, norm-referenced tests and is particularly important when using them. Not only must we examine the validity information that is available to us in the test manual, we must also examine the norm group characteristics to determine its appropriateness with each child. The appropriateness of the norms are particularly crucial when examining the evaluation for possible sources of discrimination.

Validity questions, even though most often associated with norm-referenced tests, extend to all testing materials and procedures. This includes criterion-referenced tests, observations, work samples, behavior, baselines, etc. Anytime evaluation is based on samples of behavior, there must be concern with the question: "How well does this procedure measure what it is intended to measure?"

Reliability refers explicitly to the stability and consistency of the test's measurement. A ruler may be very reliable in measuring a piece of wood, but a ruler is not a valid way to measure reading comprehension. Another way of saying this is that reliability is a necessary, but not sufficient, condition of validity. Many tests used in the educational domain have very adequate reliabilities (around .90). It is harder to find validity coefficients this high especially for sub-tests. For this reason, it is encumbent upon the test user to select the most appropriate and valid measure and temper this with data from different sources. The specific use of the test will dictate the acceptable level of validity.

Content validity is generally used to evaluate tests of skill or knowledge acquisition. The process of establishing content validity of an assessment procedure involves the selection of items from a domain of behaviors or objectives. It is not to be confused with face validity which is simply a judgment as to how well it looks like it evaluates whatever is being evaluated.

Criterion-related validity is of two sub-types predictive and concurrent. Both yield a validity coefficient. The former evaluates how well a test predicts a future performance and the latter evaluates how well a test predicts performance on another test or procadure.

Construct validity evaluates how well a test or procedure measures a mental construct. It is most useful in experimental study and is based upon an accumulation of research and sometimes upon the procedures used to develop the test.

Below are some resources for further reading:

Standards for Educational and Psychological Tests. Prepared by a joint committee of the American Psychological Association, The American Educational Research Association, and The National Council on Measurement in Education. Published by the American Psychological Association, 1974.

Handbook in Research and Evaluation. Isaac, Stephen. Edits Publishers; San Diego, California, 1971.

Psychological Testing. Anastasi, Anne. MacMillan Publishing Co., Inc., New York, 1968.

Following is a guide to the kinds of information to look for when examining the appropriateness of a test. (If you have a question, concern, or do not have sufficient data to answer the questions, you should seek technical assistance before using the test i.e., school psychologists, Director of Special Education.)

A. Technical Soundness of the Tests

1. Name of test or test battery:

2. Copyright or publication date:

3. Target group:

4. Source of content or objectives sampled:

5. Sources of information:

Information Specific to Criterion-Referenced Tests

(Determine the following for each objective.)

Instructional objective:

1. Do all of the test items sample the behavior specified in the instructional objective?

   _____Yes _____No

2. Does the test include the number of items called for in the criterion statement?

   _____Yes _____No

3. Do all of the items sample the content specified in the instructional objective?

   _____Yes _____No

4. Do the test items parallel the given conditions in the criterion statement?

   _____Yes _____No

5. Are the directions understandable?

   _____Yes _____No

6. Is the test format functional?

   _____Yes _____No

7. Are the foils, if used, appropriate?

   _____Yes _____No

(Continue through all objectives.)

Information specific to Norm-Referenced Tests

1. Detailed description of the standardization group:

2. Type of validity used:

3. Evidence about validity:

4. Procedures for establishing reliability:

5. Evidence about reliability:

6. Types of scores used and their interpretations:

7. What is the standard error of measurement?

B. Fairness of the Tests

For All Tests

1. Are the test items free from errors and ambiguities?

_____Yes _____No

2. Is the pupil free from health problems or emotional problems that could interfere with the test performance?

_____Yes _____No

For Norm-Referenced Tests

1. Are the norms appropriate? (To answer "Yes", be sure that the pupil does not have any cultural characteristics, language characteristics, or handicaps which make him or her different from the norm group.)

_____Yes _____No

2. Is the reliability coefficient sufficiently high and the standard error of measurement sufficiently low?

_____Yes _____No

3. Is the validity sufficiently high?

_____Yes _____No

4. Are the test ranges sufficient for the pupil being tested?

_____Yes _____No

For Criterion-Referenced Tests

1. Does the test meet the standards for criterion-referenced tests?

   _____Yes _____No

2. Are the criteria appropriate? (To answer "Yes", be sure that the pupil does not have any handicap which could prevent his/her responding to test items in a way specified under the conditions given in the instructional objective.)

   _____Yes _____No

SOURCES OF ERROR IN TESTING

Criterion-Referenced

One requirement of criterion-referenced tests is that the children receive and perform the test items according to the conditions set out in the instructional objective. Some pupils have handicaps that obviate their receiving or performing the test items, under the stated conditions. A visually impaired student might not be able to respond to items which require sight reading and writing. If the items are administered orally, the items might be harder or easier, and error is introduced. The test could be discriminatory.

Norm-Referenced

One common source of error in norm-referenced tests is the use of a test with norms that are inappropriate to the child.

Two conditions must be examined in evaluating the appropriateness of the norms. First, the standardization procedures need to be maintained. If they are not maintained, this introduces error into the test and the norms no longer are appropriate. Some pupils have physical, sensory, or language handicaps. They cannot use the same directions or make the same responses as pupils in the norm group. Using the tests with these pupils would involve a violation of standardization procedures. Second, norm-referenced tests use a sampling of behavior with the assumption that the child taking the test has had the same opportunity to learn the items as those in the norm group. If a pupil has had learning experiences which differ from the norm group, the test may be discriminatory. Some pupils come from cultural backgrounds different from pupils in the norm group. Some pupils have not had an opportunity to experience the kinds of materials and situations involved in the tests. Using the tests with these pupils could be discriminatory and the norms would not be appropriate. Some pupils come from language backgrounds different from pupils in the norm group. They may not understand the language involved in the test directions and the test items. Using the tests with these pupils would violate both standardization procedures and norm appropriateness.

Another source of error with norm-referenced tests relates to the test's properties. Behavior sampling, as is done in norm-referenced tests, requires that tests be highly reliable, have a low standard error of measurement, and are valid measures of whatever they purport to measure.

#7
Administration

Public Law 94-142 states that:

> State and local education agencies shall insure at a minimum that tests and other evaluation material must be administered by trained personnel in conformance with the instructions provided by the producer. (121a 532a3)

This question is closely related to the previous question in that test error can be introduced by violating standardized procedures. In standardized testing, the evaluator tries to control all the variables except the child's responses. In other words, the evaluator attempts to make the testing situation as much the same from child to child, as is possible. Testing different children with the same task under the same circumstances is one necessary element for comparing a child's score with the norm.

The test user must be knowledgeable about the test or procedure. If the test is standardized and the user elects to violate standardization, this should be clearly reported along with an explanation. The test user should understand the effect this destandardization may have upon the child's performance. Using short forms of tests, as is often done with the WISC-R for example, changes not only standardization but the reliability and validity also. The decisions made based upon this violation of standardization should be guarded and cross validation of data should be sought, using a different methodology.

There are times also when standardization procedures will be violated unintentionally. These instances should also be reported and taken into consideration in decision-making. Interruptions, poor lighting, development of poor rapport between testor and testee are just a few possible examples.

Public Law 94-142 states that:

> State and local education agencies shall insure at a minimum that the child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. (121a 532f)

Maryland Bylaw 13.04.01 states that:

C. Assessment.

(1) The local education agency shall provide an appropriate educational assessment in the child's primary language for all children identified through established screening procedures as potentially in need of special education programs. This assessment shall consist of reading, math, spelling, written and oral language, as appropriate.

(2) The following assessments shall be provided in addition to the required educational assessment as appropriate:

(a) An assessment of cognitive factors shall include one or more of the following: psychological, speech or language, or both, as appropriate, and shall be administered by a professional certified in his/her specialty area by the State Department of Education;

(b) An assessment of emotional factors shall include one or more of the following: a psychiatric evaluation by a licensed psychiatrist, an evaluation by a certified or licensed psychologist, or a State Department of Education certified school psychologist;

(c) An assessment of physical factors shall include one or more of the following as appropriate: medical, ophthalmological, audiological, neurological. They shall be administered by individuals licensed in the respective specialty areas. (.05C1,2abc)

All individuals who have been referred from screening, as having possible special education service needs, shall receive a full and individual assessment of their educational needs.

In addition to this educational assessment every individual being evaluated will also receive an assessment of one or more of the following: their cognitive functioning, their social/emotional functioning, or their physical functioning.

During initial screening the student will have received an evaluation of his/her vision, hearing, and motor functioning. In addition, the screening information should also include data on developmental history, and inner, receptive, and expressive language skills. If this data is not available, the ARD Committee should make arrangements to obtain this data and make it available to the evaluation team.

Where the results of screening indicate the possibility of a handicapping condition, then a full assessment as described in the Bylaw is required. These assessments must be completed within 45 days of the referral.

In all cases the child who is assessed must receive a full and individual educational evaluation. Areas of evaluation should include: The child's progress in specific skill areas, achievement in subject areas, learning style, and academic strengths and weaknesses. Where a child's handicaps make standard educational assessments impossible or inappropriate, such as with SPH children, then other procedures are to be used, such as developmental measures.

In addition to the educational assessment, the child will receive an evaluation of his/her cognitive, emotional, and/or physical functioning. At least one of these will be done and more than one if appropriate. It is important to note that the Bylaw does not require a standard battery of tests. As a matter of fact, this is highly discouraged. In addition, the Bylaw does not require that a psychological assessment be conducted in all cases. The psychological assessment should be given, as appropriate, to determine eligibility and/or program planning needs.

It is important to remember that evaluations of a child's cognitive, emotional, and physical functioning must be conducted by certified and/or licensed personnel as appropriate.

#9, 10

Assessing Children With Impairments

Public Law 94-142 States that:

> State and local education agencies shall insure at a minimum that tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure). (121a 532e)

If a child has an impairment, and there is a need to evaluate his/her cognitive functioning, care must be taken that the test or procedure chosen does not penalize the child for his/her impairment. If these considerations are not attended to, the resultant estimate may be more a reflection of his/her impairment, rather than cognitive functioning. One example is asking a child with a speech impairment to respond orally to an assessment of reading achievement (i.e. WRAT reading subtest). Another example is the oral administration of a vocabulary test to a hearing impaired child. The same reasoning would apply to the child with other impairments, such as manual impairment. This is precisely why it is essential to know the status of the child in these areas as a prerequisite to any further testing.

Below is a list of tests for possible use when testing an impaired child.

TESTS USED FOR IMPAIRED CHILDREN*

Blind

Perkins Binet
Print or Braille Edition
Perkins School for the Blind
175 North Beacon Street
Watertown, Massachusetts 02172

* Taken from Protection in Evaluation: Nondiscriminatory Testing. Published by the Council for Exceptional Children.

Wechsler Intelligence Test for Children
(WISC) Verbal Portion
The Psychological Corporation
304 East 45th Street
New York, New York 10017

Slosson Intelligence Test for Children and Adults
Slosson Educational Publications
East Aurora, New York 14052

Blind Learning Aptitude Test (BLAT)
Dr. T. Ernest Newland
Educational Psychology
702 South Race Street
Urbana, Illinois 61801

Diagnostic Reading Tests
Braille and Large Print
American Printing House for the Blind
1839 Frankfort Avenue
Louisville, Kentucky 40246

Sequential Tests of Educational Progress (STEP)
Braille and Large Print
American Printing House for the Blind
1839 Frankfort Avenue
Louisville, Kentucky 40246

Braille Norms for STEP and SCAT, published in Pearson, M.A. The establishment of school and college ability test norms for blind children in grades 4, 5 & 6. International Journal of Education of the Blind, 1963, 12, 110-112.

Deaf

Performance Tests of Intelligence: A Series of Non-Linguistic Tests for Deaf and Normal Children (J. Drever and M. Collins)
A. H. Baird (test materials)
33-39 Lothian Street
Edinburgh, Scotland

Ontario School Ability Examination (H. Amoss)
Ryerson Press
299 Queen Street, West Toronto 2B
Ontario, Canada

Non-Verbal Intelligence Tests for Deaf and Hearing Subjects
(J. Th. Snidjers & N. Snidjers--Oomen)
Swets & Zeitlinger
Keizergracht 471
Amsterdam-C, Holland

Nebraska Test of Learning Aptitude (M. Hiskey)
Marshall S. Hiskey
5640 Baldwin
Lincoln, Nebraska 68507

Arthur Point Scale of Performance Tests (Arthur)
Psychological Corporation
304 East 45th Street
New York, New York 10017

Leiter International Performance Scale: Arthur Adaptation
(Leiter, Arthur)
C. H. Stoelting Co.
424 N. Homan Avenue
Chicago, Illinois 60624

Merrill-Palmer Scale of Mental Test (Stutsman)
C. H. Stoelting Co.
424 N. Homan Avenue
Chicago, Illinois 60624

Minnesota Preschool Scale (Goodenough, Maurer, Van Wagenen)
Educational Test Bureau
720 Washington Avenue, S.E.
Minneapolis, Minnesota 55414

Randall's Island Performance Series (Poull, Bristol, King, Peatman)
Manual with adaptations for testing deaf children
Volta Bureau
1537 35th Street, N.W.
Washington, D.C. 20007

Wechsler-Bellevue Intelligence Scale: Performance Portion
(Wechsler)
Psychological Corporation
304 East 45th Street
New York, New York 10017

Wechsler Intelligence Scale for Children: Performance Portion
Psychological Corporation
304 East 45th Street
New York, New York 10017

Wechsler Preschool and Primary Scale of Intelligence:
Performance Portion
Psychological Corporation
304 East 45th Street
New York, New York 10017

Cattell Culture Fair Intelligence Test (R. B. and A. K. S. Cattell)
Bobbs-Merrill Co., Inc.
4300 W. 62nd Street
Indianapolis, Indiana 46268

Chicago Non-Verbal Examination (Brown, Stein, Rohrer)
Psychological Corporation
304 East 45th Street
New York, New York 10017

Goodenough Intelligence Test (Draw-a-Man)
(Goodenough)
Harcourt, Brace & World, Inc.
Tarrytown, New York 10591

Lorge-Thorndike Intelligence Tests: Non-Verbal Battery
(Lorge and Thorndike)
Houghton-Mifflin Co.
2 Park Street
Boston, Massachusetts 02108

Pintner General Ability Tests: Non-Language Series
(Pintner)
Harcourt, Brace & World, Inc.
Tarrytown, New York 10591

Progressive Matrices: Standard, Revised
(Raven)
Psychological Corporation
304 East 45th Street
New York, New York 10017

SRA Non-Verbal Form
(McMurray and King)
Science Research Associates
259 East Erie Street
Chicago, Illinois 60611

Physically Handicapped

Pictorial Test of Intelligence
Houghton-Mifflin Co.
2 Park Street
Boston, Massachusetts 02108 (1964)

Dunn-Peabody Picture Vocabulary Test
American Guidance Service
Publishers' Bldg.
Circle Pines, Minnesota 55014 (1959)

Developmental Potential of Preschool Children:
An Evaluation in Intellectual, Sensory, and Emotional Functioning
Grune & Stratton, Inc.
111 Fifth Avenue
New York, New York 10003 (1958)

Preschool Language Scale
Charles E. Merrill Publishing Co.
1300 Alum Creek Drive
Columbus, Ohio 43216 (1969)

Ammons Full-Range Picture Vocabulary Test
Psychological Test Specialists
Box 1441
Missoula, Montana 59801 (1948)

Ravens' Progressive Matrices
The Psychological Corporation
304 East 45th Street
New York, New York 10017 (1947)

Columbia Test of Mental Maturity
Harcourt Brace Jovanovich, Inc.
757 Third Avenue
New York, New York 10017 (1954)

Motor Free Visual Perception Test
Academic Therapy Publications
1539 Fourth Street
San Rafael, California 94901 (1972)

Test of Auditory Comprehension of Language
Learning Concepts
2501 North Lamar
Austin, Texas 78705 (1974)

BOEHM Test of Basic Concepts
The Psychological Corporation
304 East 45th Street
New York, New York 10017 (1969)

Basic Concept Inventory
Follett Publishing Company
1010 West Washington Boulevard
Chicago, Illinois 60607 (1967)

"Culture Free"—"Culture Fair"

Leiter International Performance Scale
C. H. Stoelting Co.
424 N. Homan Avenue
Chicago, Illinois 60624

IPAT Culture Free Intelligence Test
Institute for Personality and Ability Testing
1602 Coronado Drive
Champaign, Illinois 61820

Progressive Matrices
The Psychological Corporation
304 East 45th Street
New York, New York 10017

Goodenough Draw-a-Man Test
Harcourt, Brace, Jovanovich, Inc.
757 Third Avenue
New York, New York 10017

Maryland Bylaw 13.04,01 states that:

(3) Each assessment report shall include, in addition to any matters required by Federal Regulation:
   (a) A description of behaviors which establishes the existence of a handicapping condition;
   (b) A statement which describes, in terms of special education services needed, the child's performance as it deviates from developmental milestones and/or general education objectives, as appropriate.
   (c) A statement of criteria used to establish the deviation of the child's behaviors from those of non-handicapped age mates which establishes the eligibility for special education services, and the criteria used to make determinations required by C(2)(a) and (b) above.
   (d) The signature of the individual who has conducted the assessment.

(4) The results of the assessment shall be written and shall include patterns of development, learning, and behavior, as well as academic achievement. (.05C3a,b,c,d and 4)

The purpose of the evaluation is two-fold: to establish eligibility for special education services and to identify the special services needed by the child. The report should be sufficiently comprehensive to establish eligibility and to identify possible appropriate long and short range objectives, giving direction to the teacher(s) in meeting the educational needs of the child.

Maryland Bylaw 13.04.01 explicitly requires that the written evaluation report contain certain statements. The first of these is a statement describing the behaviors which establish the existence of a handicapping condition.

It is important to realize that labels, although necessary for reporting SSIS forms, are not directly helpful in educational planning. Much more important and more helpful in educational planning are descriptive statements of behaviors which establish the handicapping condition.

For example, in an evaluation of John, a 14-year-old ninth grade student, some sample statements might be:

1. Given a sheet of twenty 3-digit math problems to add, John can achieve 60% accuracy; or

2. Given written material to read silently, John can comprehend with 90% accuracy on the 5th grade level and 30% accuracy on the 9th grade level.

3. In a regular science class environment, John is unable to complete assignments, given orally to the whole class, 40% of the time.

The second type of required statement asks for a delineation of the types of special educational services which are needed, as they relate to the child's performance and his/her deviation from developmental and/or general educational objectives.

Following from our first sample, you might list the following:

1. The LEA curriculum guide specified that students should have proficiency in basic three-digit addition by the third grade. John is in need of special education remedial math services.

2. John's cognitive assessment shows that a significant discrepancy exists between his ability and his reading comprehension achievement. John's assessment of cognitive functioning shows that he should be able to read on at least an 8th grade level. John must have a remedial reading program in order to raise his reading comprehension skills.

3. John's low rate of success in completing classroom assignments could be due to several diverse factors. He should be able to complete at least 70% of the assignments under the given conditions. Special education resource room level support must be provided, so that the problem could be further clarified and a plan implemented to enable John to increase the percentage of assignments he completes.

The third statement asks that the criteria used in establishing the deviation be specified. These statements might simply be identification of the test or evaluation procedures used. Continuing the above example:

1. LEA Curriculum Guidelines

2. WISC-R and Woodcock Reading Mastery Test

3. Classroom teacher baseline frequency data

The above example is in no way intended to be an exhaustive assessment report. These are simply sample statements.

Although the format of the written report remains flexible, it is mandated that the report address the child's patterns of development, learning, and behavior, as well as academic achievement.

Patterns of development should be available from the screening data, or the child's developmental history can be obtained by the school nurse from the parent(s) and combined with data from the child's education history.

Patterns of learning refers to the individual's characteristic mode of functioning. Even though there are rules of learning which apply to all of us, each of us have our own characteristic ways or preferred modes of learning. It's the same for behavior. The evaluator is not restricted to any one theory or model. The information needed concerns the behavior and learning approaches used by the individual being evaluated.

A copy of one sample assessment report form follows. It is important to note that the format of the report is not in any way mandated. Any format which contains the legally mandated elements, and is found useful and efficient, may be used. The sample assessment report is designed for a summary report by the evaluation team with instructions to attach the individual assessment reports to it. The group report is in no way mandated, but would perhaps be helpful in placement decisions and/or IEP writing. The statements required in both P.L.94-142 regulations and Maryland State Bylaw 13.04.01 regulations are mandated in each assessment report irregardless of whether it is submitted by an individual or group.

(Insert LEA Heading Here)

CONFIDENTIAL

ASSESSMENT REPORT

Date _____

Pupil's Name _____ School _____ Grade _____

Address _____

Date of Birth _____ Parent/Guardian _____

Age _____ Home Telephone _____

Sex _____ Work Telephone(s) _____

Primary Language or Mode of Communication _____

Reason(s) for Evaluation _____

_____

_____

_____

Evaluation Questions _____

_____

_____

_____

Sources of Data (List instruments and/or assessment procedures used.) _____

_____

_____

_____

Summary of Psychometric Data

Analysis of Assessment Data

Handicapping Condition _____

Description of behaviors establishing the existence of a handicapping condition:

Description of special educational or related services needed, based on the child's performance, as it deviates from developmental and/or general education objectives:

Criteria used in establishing the above deviations which determine eligibility for special educational services:

Patterns of Development, Learning, and Behavior:

Evaluators' Signatures and Positions:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach individual assessment reports and assessment data and file all in the child's cumulative folder.

#15
Signature

The Maryland Bylaw 13.04.01 requires that each person conducting an assessment place his signature on the written report. In the case of a child whose diagnosis involves a suspected specific learning disability, P.L. 94-142 requires that if any one disagrees with the findings of the evaluation team, the person(s) in disagreement should write a separate statement describing issues of disagreement. This separate report must be filed along with the team's report. The evaluation report of a student with a specific learning disability must state whether a severe discrepancy between achievement and ability exists which is not correctable without special educational and related services. And finally, in SLD cases the report must also contain the determinations of the team concerning the effects of environmental, cultural, or economic disadvantage (See Appendix A and B).

Public Law 94-142 states that:

(a) In interpreting evaluation data and in making placement decisions, each public agency shall:
(1)Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical conditions, social or cultural background, and adaptive behavior.
(2)Insure that information obtained from all of these scources is documented and carefully considered;
(3)Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and
(4)Insure that the placement decision is made in conformity with the least restrictive environment rules in Sections 121a 550-121a 554.

(b) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with Sections 121a 340-121a 349 of Subpart C. (121a 533)

In the ARD meeting, where the placement decision is made, it is imperative that the ARD Committee include at least one person who has knowledge of the evaluation data, not just the report or scores. A member of the evaluation team would best perform this function. Optionally, the individual who administered the evaluation should participate.

In addition, a person knowledgeable about the child must be included. The parents could fill this role, but their participation on the ARD team is NOT required by the Bylaw. Parents would most certainly "be knowledgeable about the child". The child's classroom teachers can also be a valuable aid in the placement decision. They, more than anyone, have a consistent sample of the child's school behavior and should be included on the ARD Committee when making a placement decision.

It is the responsibility of the ARD Committee to insure that the evaluation data and reports are well documented and carefully considered. In addition to the usual scrutiny of the data, the ARD Committee should look critically for weal areas in the evaluation, examine the Child Evaluation Planning Sheet, and complete the ARD Chairpersons' Checklist Guide.

APPENDIX A

PROCEDURES FOR ASSESSING STUDENTS WITH SUSPECTED SPECIFIC LEARNING DISABILITIES

PROCEDURES FOR ASSESSING STUDENTS WITH SUSPECTED SPECIFIC LEARNING DISABILITIES

Several separate sections have been added to P.L. 94-142 regulations which are applicable whenever a child's primary handicap is based on a specific learning disability. These additional procedures are quoted below as they appeared in the Federal Register, Vol. 42, No. 250--Thursday, December 29, 1977.

ADDITIONAL PROCEDURES FOR EVALUATING SPECIFIC LEARNING DISABILITIES

121a 540 Additional team members.

In evaluating a child suspected of having a specific learning disability, in addition to the requirements of 121a 532, each public agency shall include on the multidisciplinary evaluation team:

(a)(1) The child's regular teacher; or
(2) If the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age; or
(3) For a child of less than school age, an individual qualified by the State educational agency to teach a child of his or her age; and

(b) At least one person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher.

121a 541 Criteria for determining the existence of a specific learning disability.

(a) A team may determine that a child has a specific learning disability if:
(1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a)(2) of this section, when provided with learning experiences appropriate for the child's age and ability levels; and
(2) The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:
(i) Oral expression;
(ii) Listening comprehension;
(iii) Written expression;

(iv) Basic reading skill;
(v) Reading comprehension;
(vi) Mathematics calculation; or
(vii) Mathematics reasoning.

(b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:
(1) A visual, hearing, or motor handicap;
(2) Mental retardation;
(3) Emotional disturbance; or
(4) Environmental, cultural or economic disadvantage.

121a 542 Observation.

(a) At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom setting.

(b) In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.

121a 543 Written Report.

(a) The team shall prepare a written report of the results of the evaluation.

(b) The report must include a statement of:
(1) Whether the child has a specific learning disability;
(2) The basis for making the determination;
(3) The relevant behavior noted during the observation of the child;
(4) The relationship of that behavior to the child's academic functioning;
(5) The educationally relevant medical findings, if any;
(6) Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services; and
(7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.

(c) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.

APPENDIX B

ANALYSIS OF REQUIREMENTS OF WRITTEN ASSESSMENT REPORTS

ANALYSIS OF REQUIREMENTS OF WRITTEN ASSESSMENT REPORTS

The following chart is a comparison of assessment report requirements between P.L. 94-142 SLD regulations (taken from Federal Register, Vol. 42, No. 250) and the MD Bylaw 13.04.01 regulations. It is MSDE's interpretation that, with the exception of numbers 6 and 7, the MD Bylaw requirements for all assessments reports include the SLD requirements. In cases where the primary disability is SLD, the written report must also include items 6 and 7, in addition to the other requirements.

Requirements of MD Bylaw 13.04.01	Requirements of P.L. 94-142 (SLD) *
1. A description of behaviors which establishes the existence of a handicapping condition.	1. Whether the child has a specific learning disability. 3. Relevant behavior noted during the observation of the child.
2. Statement which describes, in terms of special education services needed, the child's performance as it deviates from developmental milestones and/or general education objectives, as appropriate.	4. The relationship of that behavior to the child's academic functioning. 5. The educationally relevant medical findings, if any.
3. A statement of criteria used to establish the deviation of the child's behaviors from those of non-handicapped age mates which establishes the eligibility for special education services, and the criteria used to make determinations required by C(2) (a) and (b) above.	2. The basis for making the determination.
4. The signature of the individual who has made the assessment.	8. Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.
5. Patterns of development, learning, and behavior, as well as academic achievement.	6. Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services. 7. A written statement of the determinations of the team concerning the effects of environmental, cultural, or economic disadvantage.

61

* Taken from The Federal Register, Vol. 42, No. 250 -- Thursday, December 29, 1977.

62

APPENDIX C

ASSESSMENT TEAM PLANNING AND ASSIGNMENT SUMMARY GUIDESHEET

ASSESSMENT TEAM PLANNING AND ASSIGNMENT SHEET
SUMMARY GUIDESHEET

	Data Needed to Establish Eligibility ( )	Data Needed for Program Planning ( )	Data Not Needed ( )	Person(s) Evaluating	Date Assignment is Received	Test or Assessment Procdure Used	Date of Receipt of Assessment
Initial Referral Data							
Information from Screening a. Developmental Milestones b. Vision c. Auditory d. Language (Inner, Receptive, Expressive)							
Education History							
Primary Language Data							
Educational Evaluations a. Reading b. Math c. Spelling d. Perceptual Motor Functioning e. Oral and Written Language f. Other							

64

65

ASSESSMENT TEAM PLANNING AND ASSIGNMENT
SUMMARY GUIDESHEET
(Continued)

	Data Needed to Establish Eligibility (✓)	Data Needed for Program Planning (✓)	Data Not Needed (✓)	Person(s) Evaluating	Date Assignment is Received	Test or Assessment Procedure Used	Date of Receipt o Assessmen Results
. Cognitive Assessments							
. Social/Emotional Assessments							
. Physical Assessments							
. Vocational Assessments							

APPENDIX D

SELF-CHECK FOR NONBIASED ASSESSMENT

REFERRAL*

1. Are the parents/guardians aware that a referral has been made for their child, and by whom?

2. Is this child's presenting problem clearly and precisely stated on the referral?

   a. Does the referral include descriptive samples of behavior rather than opinions of the referring agent?

   b. Is there supportive documentation of the problem?

3. Is the referral legitimate?

   a. Does the referring agent have a history of over referral of children from certain cultural groups?

   b. Could irrelevant personal characteristics (e.g. sex or attractiveness) of the child have influenced the decision to refer him?

   c. Could the referring agent have misinterpreted this child's actions or expression due to his lack of understanding of cultural differences between himself and the child?

4. Can the assessment team provide the referring agent with interim recommendations that may eliminate the need for a comprehensive evaluation?

   a. Is it possible that the curriculum being used assumes that this child has developed readiness skills at home that in reality he hasn't had the opportunity to develop? If so, can the team assist the teacher in planning a program to give this child the opportunity to develop readiness skills?

   b. Can the team provide information on the child's cultural background for the referring agent so that there are fewer misunderstandings between the referring agent and this child and perhaps other children of similar cultural background?

5. Have I informed this child's parents/guardians in their primary language of the referral?

   a. Have I explained the reason(s) for the referral?

* This guide is taken from Protection in Evaluation Procedures: Nondiscriminatory Testing, published by the Council for Exceptional Children for a CEC training institute.

b. Have I discussed with the parents what next step activities may be involved?

e.g. - professional evaluations
- use of collected data
- design of an individualized educational plan, if necessary

c. Have I discussed due process procedures with the parents?

d. Do I have documented parental permission for the evaluation?

e. Have I asked the parents to actively participate in all phases of the assessment process?

f. Have I informed the parents of their right to examine all relevant records in regard to the identification, evaluation and educational plan of their child?

MEETING THE CHILD

1. What special conditions about this child do I need to consider?

   a. What is the child's primary home language?

   b. Do I know about the child's home environmental factors?

   e.g. - familial relationships/placement
   - social and cultural customs

   c. Do I understand this child's culture and language so that I can evoke a level of performance which accurately indicates the child's underlying competencies?

   d. Is this child impeded by a handicap other than the referral problem that may result in his not understanding what I am talking about?

2. What special conditions about myself do I need to consider?

   a. How do I feel about this child?

   b. Are my values different from this child's?

   c. Will my attitude unfairly affect this child's performance?

   d. Can I evaluate this child fairly and without prejudice?

   e. If not, would I refer him to another assessor if one is available?

3. Have I examined closely all the available existing information and sought additional information concerning this child?

   a. Has the child's academic performance been consistent from year to year?

   b. Is there evidence in this child's record that his performance was negatively or positively affected by his classroom placement or teacher?

   c. Are his past test scores consistent with his past class performance?

   d. Am I familiar with past test instruments used to evaluate this child and how well can I rely on his prior test scores?

   e. Have I observed this child in as many environments as possible (individual, large group, small group, play, home)?

   f. Am I making illegitimate assumptions about this child? e.g. Do I assume he speaks and reads Spanish simply because he is Puerto Rican?

   g. Have I actively sought additional information on non-school related variables that may have affected this child's school performance?
      e.g. - health factors (adequate sleep, food)
      - family difficulties
      - peer group pressures

4. Does this child understand why he is in the assessment situation?

   a. Have I tried to explain at his level of understanding what the reasons were for his referral?

   b. Have I given this child the opportunity to freely express his perceptions of "the problem"?

   c. Have I discussed with the child what next step activities may be involved?

SELECTION OF APPROACH FOR ASSESSMENT

1. Have I considered what the best assessment approach is for this child?

   a. Considering the reasons for referral, do I need to utilize behavioral observations, interviews, informal techniques or standardized techniques or a combination of the above?

   b. Have I given as much thought to assessing this child's adaptive behavior as I have to his academic school performance?

   c. Are the approaches I am considering consistent with the child's receptive and expressive abilities?

d. Am I placing an overdependence on one technique and overlooking others that may be more appropriate?

e. Have I achieved a balance between formal and informal techniques in my selection?

2. If I have selected to use standardized instruments, have I considered all of the ramifications?

a. Am I testing this child simply because I've always used tests in my assessment procedure?

b. Am I administering a particular test simply because it is part of THE BATTERY?

c. Am I administering a test because I have been directed to do so by the Administration?

d. Does the instrument I've chosen include persons in the standardization sample from this child's cultural group?

e. Are subgroup scores reported in the manual?

f. Were there large enough numbers of this child's cultural group in the test sample for me to have any reliance on the norms?

g. Does the instrument I have selected assume a universal set of experiences for all children?

h. Does the instrument selected contain illustrations that are misleading and/or outdated?

i. Does the instrument selected employ vocabulary that is colloquial, regional and/or archaic?

j. Do I understand the theoretical basis of the instrument?

k. Will this instrument easily assist in delineating a recommended course of action to benefit this child?

l. Have I reviewed current literature regarding this instrument?

m. Have I reviewed current research related to potential cultural influences on test results?

TEST ADMINISTRATION

1. Are there factors (attitude, physical conditions) which support the need to reschedule this child for evaluation at another time?

2. Could the physical environment of the test setting adversely affect this child's performance?
   - room temperature
   - noise
   - inadequate space
   - poor lighting
   - furnishings inappropriate for child's size

3. Am I familiar with the test manual and have I followed its directions?

4. Have I given this child clear directions?

   a. If his native language is not English, have I instructed him in his language?

   b. Am I sure that this child understands my directions?

5. Have I accurately recorded entire responses to test items, even though the child's answers may be incorrect, so that I might later consider them when interpreting his test scores?

6. Did I establish and maintain rapport with this child throughout the evaluation session?

SCORING AND INTERPRETATION

1. Have I examined each item missed by this child rather than merely looking at his total score?

   a. Is there a pattern to the types of items this child missed?

   b. Are the items missed free of cultural bias?

   c. If I omitted all items missed that are culturally biased, would this child have performed significantly better?

2. Am I aware that I must consider other factors in the interpretation of this child's scores?

   a. Have I considered the effect the child's attitude and/or physical condition may have had on his performance?

   b. Have I considered the effect that the child's lack of rapport with me may have had on his performance?

   c. Does my interpretation of this child's performance include observations?

   d. Do I realize that I should report and interpret scores within a range rather than as a number?

3. What confidence do I have in this child's test scores?

   a. Are test scores the most important aspect of this child's evaluation?

   b. Will I allow test scores to outweigh my professional judgment about this child?

CONSULTATION WITH TEAM MEMBERS AND OTHERS

1. Am I working as an integral member of a multidisciplinary team on behalf of this child?

   a. Have I met with the team to share my findings regarding this child?

   b. Are other team member's evaluation results in conflict with mine?

   c. Can I admit my discipline's limitations and seek assistance from other team members?

   d. Do I willingly share my competencies and knowledge with other team members for the benefit of this child?

   e. Has the team arrived at its conclusions as a result of team consensus or was our decision influenced by the personality and/or power of an individual team member?

2. Is the multidisciplinary team aware of its limitations?

   a. Are we aware of community resource personnel and agencies that might assist us in developing an educational plan for this child? Do we utilize such resources before, during, and after the evaluation?

   b. Do we on the team feel comfortable in including this child's parents in our discussions?

ASSESSMENT REPORT

1. Is my report clearly written and free of jargon so that it can be easily understood by this child, his parents, and teachers?

2. Does my report answer the questions asked in the referral?

3. Are the recommendations I have made realistic and practical for the child, school, teacher and parents?

4. Have I provided alternative recommendations?

5. Have I included in my report a description of any problems that I encountered and the effects of such during the assessment process?

INDIVIDUAL EDUCATIONAL PLAN

1. Are we making this child fit into an established program or are we developing an individualized educational plan appropriate for this child?

   a. Have we identified this child's strengths and weaknesses?

   b. Have we specified long range goals and immediate objectives for this child?

   c. Are we willing to assist the teacher in implementing this child's educational plan?

   d. Have we stated when and how this child's progress will be evaluated and by whom?

FOLLOW UP

1. What are my responsibilities after we have written this child's educational plan?

   a. Have I discussed my findings and recommendations with this child's parents and explained their due process rights? Have I given the parents a written copy of this child's educational plan?

   b. Have I met with those working with this child to discuss the educational plan and to assist them in implementing its recommendations?

   c. Have I discussed my findings and recommendations with this child at his level of understanding?

   d. Can I help those working directly with the child to become more familiar with this child's social and cultural background?

   e. Have I sought this child's parents' permission for release of any confidential materials to other agencies and professionals?

   f. Will I periodically review this child's educational plan in regard to his actual progress so that any necessary changes can be made?

SOME FINAL THOUGHTS

1. Do I believe in the right to an appropriate education for all children?

2. Would I be comfortable if MY child had been involved in THIS assessment process?

3. Is there a willingness and desire on my part to actively participate in inservice activities that will lead to the further development of my personal and professional growth?

APPENDIX E

SELECTED PORTION FROM STANDARDS FOR EDUCATIONAL AND PSYCHOLOGICAL TESTS

STANDARDS FOR THE USE OF TESTS*

The standards in the present volume are to varying degrees directed to all forms of use. As the use of tests moves along a continuum from the description of a single individual, in a situation allowing for corrections of erroneous interpretations, making decisions about large numbers of people, the test user must apply more of the standards, and, perhaps apply them more vigorously. Such decisions may profoundly influence the lives of those tested, such as decisions for employment or for attendance at college, or decisions to assign a person to one treatment or opportunity rather than to another (e.g., tracking in a school system), or decisions to continue or terminate a program or to regulate its funds. The cost of error, in money and in human suffering, may be great. A test user cannot abdicate the responsibilities described in these standards by subscribing to external testing services or test suppliers.

The standards of test use may not have to be so rigidly followed when the purpose of testing is the understanding of an individual. Sometimes such testing is less standardized than is usually recommended. For example, a school counselor may be interested in assessing the maximum performance capability of a single student. To get a full understanding of that student, he must be able to elicit new information, perhaps even through an embellishment of a standardized test, to seek the broadest possible understanding of the level of mastery and of the generalizability of the situations in which mastery can be demonstrated. Interpretation of test scores in such cases is not made in terms of norms but in terms of a counselor's analysis of what mastery of a particular skill entails (even a social skill, not likely to be measured by tests ordinarily used for content-referenced interpretations). In short, exploration of an individual case is different from standarized testing. The user who develops test embellishments must know the difference; that is, he must have a clear rationale for what he is doing when he departs from standard procedure, and he must be able to apply that rationale consistently and sensibly. Such individualized testing does not require less skill than does testing broadly for institutional decisions; it requires a different kind of skill.

The standards necessary for using tests for making decisions are not different from the standards necessary when tests are used simply for understanding, but the emphasis within a standard may be different. A test user should be familiar with the standards governing test use in general, and he should pay particular attention to those standards most nearly fitting his own specific type of application.

In doing so, he should realize that the standards are intended to apply, in principle, at all forms of assessment. In choosing from alternative methods of assessment, the test user should consider the differences in the ease of applying these standards.

*Selected from Standards for Educational and Psychological Tests. Prepared by a joint committee of the American Psychological Association, American Educational Research Association, and the National Council on Measurement in Education. Frederick B. Davis, Chairman, 1974. The comments in this appendix are those of the above joint committee.

Qualifications and Concerns of Users

Assessing others is an occupational activity for teachers, parents, clergymen, shopkeepers, correction officers, etc. Some people assess with remarkable skill; others are inept and have little or no training to help them. Users of educational and psychological tests in schools, places of employment, clinics, laboratories, prisons, and other places where educators and psychologists work should have had at least some formal training.

A test user, for the purposes of these standards, is one who chooses tests, interprets scores, or makes decisions based on test scores. He is not necessarily the person who administers the test following standard instructions or who does routine scoring. Within this definition, the basic user qualifications (an elementary knowledge of the literature relating to a particular test or test use) apply particularly when tests are used for decisions, and such uses require additional technical qualifications as well. A recurring phrase in discussions about testing is "the legitimate uses of a test". One cannot competently judge whether his intended use is among those that are "legitimate" (however defined) without the technical skill and knowledge necessary to evaluate the validity of various types of inferences.

A test user should have a general knowledge of measurement principles and of the limitations of test interpretations.

A test user should know his own qualifications and how well they match the qualifications required for the uses of specific tests.

A test user should know and understand the literature relevant to the tests he uses and the testing problems with which he deals.

(Comment: A broad connotation is intended for this standard. The test user should have some acquaintance with the relevant findings of behavioral sciences, such as those related to the roles of heredity and environment, when using aptitude tests; some understanding of physiology is useful when one is using tests of motor skills. A very narrow interpretation of "the literature relevant to the test" is inadequate.

Unfortunately, it seems that ignorance of the literature requires that old information be rediscovered. For over 40 years, for example, it has been known that children with limited or restricted cultural exposure, such as children on canal boats or in isolated mountain communities, make low scores on intelligence tests standardized on more advantaged populations. The point has been made repeatedly in research reports and textbooks. Nevertheless, many black and Spanish-speaking children with limited cultural exposure who receive low scores on intelligence tests standardized on more advantaged groups are improperly classified as mentally retarded.)

One who has the responsibility for decisions about individuals or policies that are based on test results should have an understanding of psychological or educational measurement and of validation and other test research.

The principal test users within an organization should make every effort to be sure that all those in the organization who are charged with responsibilities related to test use and interpretation (e.g., test administrators) have received training appropriate to those responsibilities.

(Comment: Serious misuse and distortion in interpretation may occur when people are not properly trained to carry out their responsibilities. The level of training needed varies with the complexity of a testing program, the level of the individual's responsibility for it, and the nature and intensity of possible adverse consequences. Test users should provide at least a basic orientation for administrators or executives who decide whether to test or not to test, to approve or to disapprove specific assessment procedures, to appropriate funds for necessary research, or to decide how test or research results will be used in the organization. Similar knowledge is needed by compliance officers who may have a detrimental influence on testing programs because of unreasoned and unreasoning demands for interpretation of data, who might disapprove of a testing program without adequate consideration of the alternatives, or who might approve faulty and unfair uses of tests out of ignorance.)

Test users should seek to avoid bias in test selection, administration, and interpretation; they should try to avoid even the appearance of discriminatory practice.

(Comment: This is a difficult standard to apply. Sources of item or test bias are neither well understood nor easily avoided. The very definition of bias is open to question. The competent test user will accept the obligation to keep abreast of developments in the literature and, at the very least, to demonstrate a sensitivity to the problem and to the feelings of examinees.)

Institutional test users should establish procedures for periodic internal review of test use.

Choice or Development of Test or Method

Standardized tests constitute one class of assessment procedures available to the user. He may also choose various kinds of ratings, personal history information, reference information, or "unobtrusive measures". He may also elect to develop his own tests. His choice depends upon what is available for assessing and characteristics of concern, ethical considerations, and his own knowledge and competency. Among standardized tests there are usually many alternatives: different dimensions to be measured, different methods of measurement, and different forms of tests. Choices should be made as deliberately and carefully as circumstances permit; test users should not use habitually the same test or method of assessment for all purposes; neither should they assess only those characteristics that are easily or conveniently assessed and fail to consider other, possibly more important, characteristics. Standards refer to the process of choice, not to the choices themselves.

The choice or development of tests, test batteries, or other assessment procedures should be based on clearly formulated goals and hypotheses.

(Comment: There is usually an assumption that ones goals are good, and that the method of assessment chosen will help one achieve those goals. In choosing or building a test one should be able to articulate such assumptions and values. As a general rule, the assumptions take the form of at least an implicit hypothesis: "If I come to a clearer understanding of this individual, in terms of the characteristic or set of characteristics assessed, I will be able to infer something about his vocational success, or his academic problems, or his prognosis in marriage, or whatever."

The use of a test in a decision context implies a hypothesis of the form that a designated outcome is a function of the test variable. A test user should be able to state clearly the desired outcome, the nature of the variables believed to be related to it, and the probable effectiveness of alternative methods of assessing those variables.

The purpose of administering a test should be explicit. In some school systems, it has been alleged, tests are routinely administered with no purpose other than an apparent hope that they will someday be useful. Such routine testing is unwise.

A test user should consider more than one variable for assessment and the assessment of any given variable by more than one method.

(Comment: For most purposes, the evaluation of a person requires description that is both broad and precise; a single assessment or assessment procedure rarely provides all relevant facets of a description.

Decisions about individuals should ordinarily be based on assessment of more than one dimension; when feasible, all major dimensions related to the outcome of the decision should be assessed and validated. This is the principle of multivariate prediction; where individual predictors have some validity and relatively low intercorrelations, the composite is usually more valid than prediction based on a single variable. It is not always possible to conduct the empirical validation study (certainly not in working with problems of individuals one at a time), but the principle can be observed.

In any case, care should be taken that assessment procedures focus on important characteristics; decisions are too often based on assessment of only those dimensions that can be conveniently measured with known validity. For example, mental retardation is often defined as both deficiency in tested intelligence and poor adaptive behavior. If both parts of this definition are accepted, then both variables should be considered in deciding whether an individual is to be classified as a mental retardate, even though it is much more difficult to measure adaptive behavior than to find an acceptable scale for testing intelligence.

Test users should also consider more than one method of assessment. Even a test yielding generally valid scores may in an individual case be susceptible to idiosyncratic errors of interpretation, and a pattern of confirming or modifying assessments by varying the sources and increasing the amount of information on which the inferences are made. In addition to tests, one might consider ratings, references, observations of actual performance, etc. Of these, a test is probably most valid. If the others add to the validity of an assessment, they should be systematically considered in statistical prediction; otherwise; they should be ignored. Frequently, however, one will not have enough confidence in test interpretations to justify overlooking other data. In particular, when using a given test with minorities, one may question the validity of test inferences for those populations and want to get as much additional information as possible before making decisions.)

In choosing a method of assessment, a test user should consider his own degree of experience with it and also the prior experience of the test taker.

(Comment: Inexperience of the test user can be alleviated by reading, practice, and training. Warm-up tests or other methods of acclimatization are advocated to alleviate the inexperience of test takers. In addition, attention should be given to the degree of interaction between test user and test taker; there may be special sources of anxiety in situations where they are of different cultural or ethnic backgroumd.)

In choosing an existing test, a test user should relate its history of research and development to his intended use of the instrument.

(Comment: A decision had been made to use a standard achievement test to evaluate pupil progress. Upon investigation of the test's development, it was found inconsistent with the curriculum objectives of that school. Other tests were examined and an alternative test was chosen that more closely matched the curriculum content. (In some cases, closely matching curriculum content may not be advantageous since it prevents one from knowing the extent to which pupils may be deficient in skills or knowledge not deliberately specified in the local curriculum objectives.)

This standard calls for a general evaluation of the validity of the proposed use of a test. Such an evaluation includes evaluation of the procedures followed in the development of the test and of the quality and relevance of the research that has been done with it.)

In general a test user should try to choose or to develop an assessment technique in which "tester-effect" is minimized, or in which reliability of assessment across testers can be assured.

(Comment: In general, the less the influence of the tester on the scores, the fairer the test. The influence of the tester is obviously greater in an unstructured interview than in a structured one, and there may be more tester effect in a structured interview than in a structured personal history form.)

Administration and Scoring

A test user may delegate to someone else the actual task of administering or scoring tests, but he retains the responsibility for these activities. In particular, he has the responsibility for ascertaining the qualifications of such agents. Standards for administration apply not only to the act of testing but also to more general matters of test administration. The basic principle is standardization; when decisions are based on test scores, the decision for each individual should be based on data obtained under circumstances that are essentially alike for all.

A test user is expected to follow carefully the standardized procedures described in the manual for administering a test.

A test administrator is responsible for establishing conditions, consistent with the principle of standardization, that enable each examinee to do his best.

(Comment: In a negative sense, the goal of this standard is that conditions inhibiting maximum performance should be avoided. The principle can be followed in part simply by being sure that all materials--such as answer sheets, pencils, and erasers--are on hand and that precautions have been taken to avoid distractions. In a more positive sense, the administrator should be sure that the examinee understands the tasks involved in taking the test: what kinds of responses are to be made and on what answer sheets, the implications for test-taking strategy of erasures or multiple marking or guessing, and how to know whether the test has been completed.

The tester should try to create a nonhostile environment; standardized procedures are impersonal, but the test administrator must avoid being either patronizing or unresponsive to the examinees, especially when the tester and the examinee differ in race, sex, or status. A testing situation contains elements that are nonrecurring and unique to the persons tested. Although these may have negligible effects on test reliability, they may include events perceived as denigrating or questioning of the worth of the individual. A complete catalogue of such events is not possible or easily described. In general, however, the social amenities of respect, politeness, and due regard for extenuating circumstances are relevant guides for insuring the dignity of persons. While it may not be demonstrated that abuse of these principles leads to poor test performance, such abuse is not likely to enhance performance.

It is often difficult to maximize the motivation of the examinees. The attempt is important; a major source of error may arise when examinees do not like or trust the test, tester, or test situation, and therefore make no special effort to do well in it.)

A test user is responsible for accuracy in scoring, checking, coding, or recording test results.

If specific cutting scores are to be used as a basis for decisions, a test user should have a rationale, justification, or explanation of the cutting scores adopted.

The test user shares with the test developer or distributor a responsibility for maintaining test security.

Interpretation of Scores

Standards in this section refer to the interpretation of a test score by the test user and to reports of interpretations. Reports may be made to the person tested, to his agent, or to other affected people: Teachers, parents, supervisors, and various administrators and executives.

A test score should be interpreted as an estimate of performance under a given set of circumstances. It should not be interpreted as some absolute characteristic of the examinee or as something permanent and generalizable to all other circumstances.

Test scores should ordinarily be reported only to people who are qualified to interpret them. If scores are reported, they should be accompanied by explanations sufficient for the recipient to interpret them correctly.

A system of reporting test results should provide interpretations.

In norm-referenced interpretations, a test user should interpret an obtained score with reference to sets of norms appropriate for the individual tested and for the intended use.

(Comment: The reverse is also a standard of competent test use: The test user ordinarily should not interpret an obtained score with reference to a set of norms that is inappropriate for the individual tested or for the purposes of the testing. This is a relatively simple standard to state, but it often is difficult to apply. Contemporary social problems suggest that men and women or members of different ethnic groups should for some purposes be evaluated in terms of several norms groups. For other purposes, such as vocational counseling, students should know how they stand relative to those in or entering a relevant occupation, regardless of their ethnic background. Of course, women or members of minority groups should not be counseled to avoid non-traditional occupations (e.g. women in engineering) merely for lack of appropriate norms.

It is by no means certain that sex or race is the crucial variable in interpreting a given score. It may well be that more important variables for differential norms would be breadth of cultural exposure (or degree of cultural isolation), skill and experience in the use of standard English, interests, or similar variables which may seem to be related to sex or racial differences in test performance.)

It is usually better to interpret scores with reference to a specified norms group in terms of percentile ranks or standard scores than to use terms like IQ or grade equivalents that may falsely imply a fully representative or national norms group.

A test user should examine differences between characteristics of a person tested and those of the population on whom the test was developed or norms developed. His responsibility includes deciding whether the differences are so great that the test should not be used for that person.

If no standardized approach to the desired measurement or assessment is available that is appropriate for a given individual (e.g., a child of Spanish-speaking migrant workers), the test user should imply a broad-based approach to assessment using as many methods as are available to him.

(Comment: The standard is to do the best one can. This may perhaps include the use of a test, even though no appropriate normative data are available, simply as a means of finding out how the individual approaches the task of the test. It might include references, extensive interviews, or perhaps some ad hoc situational tasks. Efforts to help solve educational or psychological problems should not be abandoned simply because of the absence of an appropriate standardized instrument.)

Ordinarily, normative interpretations of ability-test scores should not be made for scores in the chance range.

(Comment: On one reading test for elementary school students, a child who cannot read, and therefore gives truly random responses, would be most likely to obtain a grade-equivalent score, according to the norms, of 2.2; that is, second month of second grade. Quite apart from the usual difficulties with grade-equivalent scores, the example demonstrates the impropriety of trying to make a normative interpretation of a test score obtained in a chance range. One test manual for a widely used test of general mental ability has provided a useful guide to the interpretation of "range-of-chance" scores.)

Any content-referenced interpretation should clearly indicate the domain to which one can generalize.

The test user should consider alternative interpretations of a given score.

A test user should develop procedures for systematically eliminating from data files test-score information that has, because of the lapse of time, become obsolete.

SECTION THREE

EVIDENCE OF COMPLIANCE

The following is a list of sample products which can be used by the LEA in demonstrating that they are in effective compliance with the mandates and regulations of P.L. 94-142 and Maryland Bylaw 13.04.01 concerning protection in evaluation.

The list is divided into primary and support evidence products. Primary evidence products are those products which provide direct evidence. Secondary evidence products are those products which provide evidence by showing the existence and use of procedures and systems which support the primary evidence products.

Primary Evidence Products:

1. Signed informed parental consent form which is dated prior to evaluation and reflects those elements identified in the guidelines section of this document.

2. Raw test data on file which reflects compliance with those elements identified in the guidelines section of this document.

3. Written assessments reports on file which reflect compliance with those elements identified in the guidelines section of this document.

4. IEPs on file which reflect special education service needs, as identified on both the written assessment reports and the primary test data,

Secondary Evidence Products:

1. Assessment Team Planning and Assignment Summary Guidesheet.

2. ARD Chairperson Protection in Evaluation Checklist.

3. Existence of a written procedure by which evaluators can obtain technical assistance and advice around problems or questions which might arise in planning, conducting, and reporting evaluations.

4. Dissemination of the above #3 procedure.

5. Use of the #3 procedure, documented by written responses on file.

6. The implementation of needs/competency assessment of ARD evaluators, including educators, psychologists, occupational therapists, and physical therapists.

7. Statement in LEA action plans reflecting any need for training of evaluators and plans to deliver training in the area of "Protection in Evaluation."

8. Evidence of training of ARD chairpersons and evaluators in the Protection in Evaluation regulations.

9. Delivery of training to ARD evaluators which reflects the specified needs identified.

SECTION FOUR

ANTICIPATED INSERVICE NEEDS

INSERVICE
(Available through CSPD)

TARGET PERSONS: ARD chairpersons

OBJECTIVES:
1. To inform ARD chairpersons of the specific legal mandates relating to protection in evaluation.
2. To instruct ARD chairpersons in the use of the "ARD Chairperson's Checklist Assuring Protection in Evaluation."

COMPETENCY: ARD chairpersons will be able to use the Checklist as a means of identifying inadequate evaluations and specifying corrective actions.

STRATEGY: Half-day inservice workshop.

EVALUATION:
1. Pre-Post Testing: The participant will complete a 50-item true-false test with 90% accuracy.
2. Checklist Simulation Exercise: Given a simulated case example, the participants will complete the Checklist with 100% accuracy and specify corrective actions as appropriate.

TARGET PERSONS: ARD multidisciplinary evaluation team persons

OBJECTIVES:
1. To inform participants of the specific legal mandates relating to protection in evaluation.
2. To instruct participants in strategies and guidelines which assure protection in evaluation.
3. To demonstrate the use of the "Evaluation Team Planning and Assignment Summary Guidesheet."
4. To inform participants of the issues related to nondiscrimination in evaluation.
5. To instruct participants in the use of strategies and guidelines to enhance nondiscrimination in evaluations.

COMPETENCIES:
1. The participants will know the specific legal mandates relating to protection in evaluation.
2. The participants will be able to plan an appropriate evaluation and complete the Summary Guidesheet.
3. The participants will be able to write an appropriate evaluation report.

STRATEGY: 1 day inservice workshop.

EVALUATION:
1. Pre-Post Testing: The participant will complete a 50-item true-false test with 90% accuracy.
2. Case Simulation: Given a case simulation, the participant will plan an appropriate evaluation and complete the Summary Guidesheet.
3. Written Evaluation Report: The participant will be able to write an evaluation report containing the required statements.

TARGET PERSONS: Psychologists

OBJECTIVE: To inform the participants of the specific legal mandates relating to protection in evaluation including requirements of written evaluation reports.

COMPETENCIES:
1. Participants will have knowledge of the specific legal mandates relating to protection in evaluation.
2. Participants will be able to plan an appropriate evaluation and write an evaluation report containing the required statements.

STRATEGY: Full day inservice workshop.

EVALUATION:
1. Pre-Post Testing: The participant will complete a 50-item true-false test with 90% accuracy.
2. Case Simulation: Using a case example, the participants will plan an appropriate evaluation and write an evaluation report based on it.

TARGET PERSONS: Occupational and Physical Therapists

OBJECTIVES:
1. To inform the participants of the specific legal mandates relating to protection in evaluation.
2. To instruct the participants in planning and writing assessment reports.

COMPETENCIES:
1. The participants will have knowledge of the specific legal mandates relating to protection in evaluation.
2. The participants will be able to plan appropriate evaluations and jointly write assessment reports containing the required statements.

STRATEGY: To be determined

EVALUATION:

1. Pre-Post Testing: The participant will complete a 50-item true-false test with 90% accuracy.

2. Case Simulation: The participant will plan an appropriate assessment and jointly write an assessment report containing the required statements.

FURTHER/MORE SPECIFIC INSERVICE NEEDS

Further, more specific inservice needs should be identified through needs assessment procedures and after identification of needs further inservice training will be provided through access to training channels of the CSPD.

Examples of specific needs which might address such areas:

1. Nondiscriminatory testing of the Severely and Profoundly Handicapped.

2. Specific techniques for classroom observations (i.e., Behavioral, Ecological, Ethological).

3. Nondiscriminatory testing and norm-referenced tests.

4. Training in specific tests and evaluation procedures.

5. Strategies for enhancing the effectiveness of the evaluation team.

6. Alternative assessment procedures.

Strategies:

1. Identification of IHE courses which address these issues.

2. Standard CSPD access to training procedures.

SECTION FIVE

A MODEL FOR CONDUCTING ASSESSMENTS OF MILD TO MODERATELY HANDICAPPED CHILDREN

OPERATIONALIZING THE DIAGNOSTIC-INTERVENTION PROCESS*

A state of art in nonbiased assessment clearly exists in the form of broad professional resources, sound principles and practices, legislative and legal guidelines, and intervention techniques which, if applied, can alter and improve children's behaviors. Psychoeducational services offered to children and their families often meet these standards and are effective.

However, too frequently another state of this art exists, a state in which professional resources are utilized in a narrow and improper manner resulting in the categorization and placement of children in ineffective programs. This is particularly true of services provided to children from minority groups or low-income families who do not have the time, money, patience, and other resources needed to shop around for effective services, particularly those available from private practitioners and agencies. These people rely on public agencies, particularly the schools, for the highest quality professional services, recognizing human, financial and professional limitations.

A time-out period (e.g., moratorium) is not needed to enable us to develop and use diagnostic-intervention techniques to minimize racial-ethnic discrimination. While the zenith of our profession has not been reached, we are not without resources.

We cannot wait for that magical test that will be nonbiased or culture fair--administrable in any language and equally valid for all children regardless of age, sex, social class, or racial-ethnic origin. Such a test measuring significant behaviors never will be produced. We can no longer respond to assertions that tests are being developed that will solve the problems associated with the placing of minority children into special education classes. We need to be proactive in finding solutions to the problems largely by utilizing properly the resources currently available.

A first step in that direction is to think in terms of assessment rather than testing. This position reflects a recognition that much important information about the child (e.g., motivations, values, aspirations, social and emotional characteristics, learning styles and preferences), the instructional staff, and parents cannot be obtained easily or efficiently through formal tests. We need to sharpen and utilize our skills in observing and interviewing people. To supplement observations in natural settings we must utilize narrative self-reports and autobiographic reports, actual work samples, anecdotal information, and other less formal techniques which provide potentially useful information. We do not need to abandon the use of standardized tests. We do need to seek a better balance between formal and less formal assessment techniques with one eye constantly on our major objective: to provide more effective and appropriate educational and psychological services for children. The

* Taken from Non-Biased Assessment of Minority Group Children: With Bias Toward None. A document prepared for a national planning conference on nondiscriminatory assessment for handicapped children by the Coordinating Officer for Regional Resource Centers (CORRC), University of Kentucky.

pretext that standard scores from legally required tests are needed for special class placement does not eliminate the need for other types of information.

We also need to recognize that the most nonbiased assessment process can be rendered ineffective by simply administrative decision. The assessment techniques per se are not always responsible for discrimination. It is possible to accumulate sufficient information on a child to enable assessment specialists to provide a relatively unbiased decision. But if placement decisions are made by choosing to ignore professional judgment in favor of formulas, cutoff scores, or other traditional recipes for categorization that ignore cultural differences, then the data become the tools used for a biased decision. Those data are not the cause of the decision, however. If a disproportionate number of minority children are placed into special education classes on the basis of test scores, the test may not be at fault. Test data are no better than the degree to which all of the considerations are applied.

Tests of academic aptitude do what they were designed to do unless used inappropriately. These tests were designed to predict success or failure in the traditional mainstream of education. Consequently, if a larger number of minority children are in special education classes as a function of such tests, it doesn't mean that the tests are necessarily biased. On the contrary, in most cases the test scores may provide a relatively accurate prediction of failure in the regular class. The test may indicate that these children do need some type of special intervention, but that is as far as the test can take us. The fact that the performance on such tests is used as a means of labeling children is an administrative reality [albeit a political and maybe even a cultural reality (Hobbs, 1975)] that is not a function of the test but of the use of data generated therefrom.

Tests of academic aptitude often are misused in placing children into EMR classes. When test data showing clearly the need for remedial assistance are used as the chief (or the only) criteria for special class placement and the label for this class is not functionally related to a remediation of the child's observed problem, then that child's civil rights have been violated. However, the test is not at fault, but the educational system that fosters such practices is.

It is falsely assumed that placement in a special education class is equal to remedial programming and individualized instruction. While children are placed in special education classes under the assumption that better education will occur, there is little evidence that significant improvement in skill areas will follow, especially when the more mildly handicapping conditions are involved. In fact, the social and academic isolation that often accompanies such placement may have a negative effect on the child.

Special educators are caught on the horns of a dilemma. On the one hand they want to guard against biased labeling of children, but on the other hand, they are aware that funds will not be allocated for handicapped children unless some means is used to assure equitable expenditure of the funds for a specified population. They want to provide specific educational programs to meet the identified needs of children, but when special education is the only instructional

situation where such assistance is available, they are hesitant to approve the placement, aware of the inherent difficulties involved.

Only when the placement category carries a cultural or social stigma, however, do the problems associated with biased placement emerge. The categories of "mental retardation," "emotional disturbance," "learning disabilities," and to some extent "minimal brain dysfunction" give rise to the greatest problems in biased placement, and hence, in biased assessment. These categories--often referred to as "mildly handicapping conditions"--are problems because they are based on social norms or ill-defined symptoms which appear as easily because of normal culture diversity as because of some handicapping condition. It is sometimes impossible to tell the difference.

Clearly, the symptoms of handicapping conditions must be stated in operationally defined terms and must be applied equally to all candidates. Such a condition implies the elimination of most, if not all, categories now classified as "mildly handicapping conditions," leaving only those that are obviously not "normal." This would eliminate many problems identified with biased assessment, because few persons, if any, object to the more severe labels, probably because any stigma involved in a severe handicapping condition is inherent in the severity of the condition itself, and is not a function of the label applied.

The options are clear: either eliminate the offending categories or dramatically improve the quality of assessment that takes place before a child is placed therein. The former is not likely to happen in the near future (Hobbs, 1975), so the latter is the more practical and beneficial consideration at this time. Furthermore, it is not necessary to perform any assessment that does not translate directly into an improved educational program for the child assessed.

It is quite possible, with present technology and expertise, to develop an educational program that would provide for the needs of all children without categorizing any of them beyond their ability or inability to perform at various skill levels. Ideally, children could be grouped on the basis of individual needs rather than on the basis of abstract labels. While many barriers must be overcome to reach that ideal, we can increase the emphasis on educational programming and decrease the emphasis on placement, thus assuring an adequate educational program for every child.

The reduction of bias in educational programming and placement should be our objective. To reach this objective, professionals will have to utilize <u>all</u> the available data from all the relevant sources possible <u>before</u> making <u>any</u> placement decision regarding a child when the result of such a decision would place that child in a learning environment other than the regular classroom.

The next section presents the components of a comprehensive individual assessment which draws on all available sources of data and which provides for prescriptive intervention and some indication of prognosis. It is in harmony with the four components of a diagnostic-intervention process set forth in the previous chapter.

Comprehensive Individual Assessment

As previously indicated, a complete diagnostic-intervention process consists of (A) historical-etiological information, (B) currently assessable characteristics, (C) specific treatments or interventions, and (D) a particular prognosis. In order to attain this comprehensiveness, it is necessary to use a combination of any number of assessment techniques or models. This section will not present the models or techniques in detail; it will outline the sources of information that should be utilized when attempting to operationalize an unbiased assessment. There is nothing new about the process or the techniques summarized. The process is not static; it can be adapted to fit local needs.

Educational assessment such as that described in this document is a continuous process. Conditions surrounding a given child are ever changing, and decisions regarding a pupil's placement or his educational programming always should be considered tentative and subject to constant review as well as to periodic, comprehensive reassessment.

Furthermore, any comprehensive assessment, if it is to be unbiased, must be a team effort from beginning to end. The team must include as essential members the parents, one or more of the child's teachers, a representative of the school administration, and the professionals providing appraisal data through observation, consultation, and formal testing.

The importance of including the parents as an integral part of the ongoing assessment deserves special mention. At no time should the school presume to make decisions about special placement and programming, other than that provided to every child in a given school system, without involving the parents in the deliberations leading up to the decision, as well as in the decision itself.

Figure 1 is a schematic representation showing one way that such a comprehensive individual assessment might take place. This particular design emphasizes the importance of parental involvement and provides an ongoing option to retain the child in the regular classroom with intervention strategies provided by the regular classroom teacher(s). Special education placement is the last option, to be utilized only after all other alternatives have been eliminated. Notice also that traditional psychological assessment comes last—after gathering all other data that could have an impact on its interpretation.

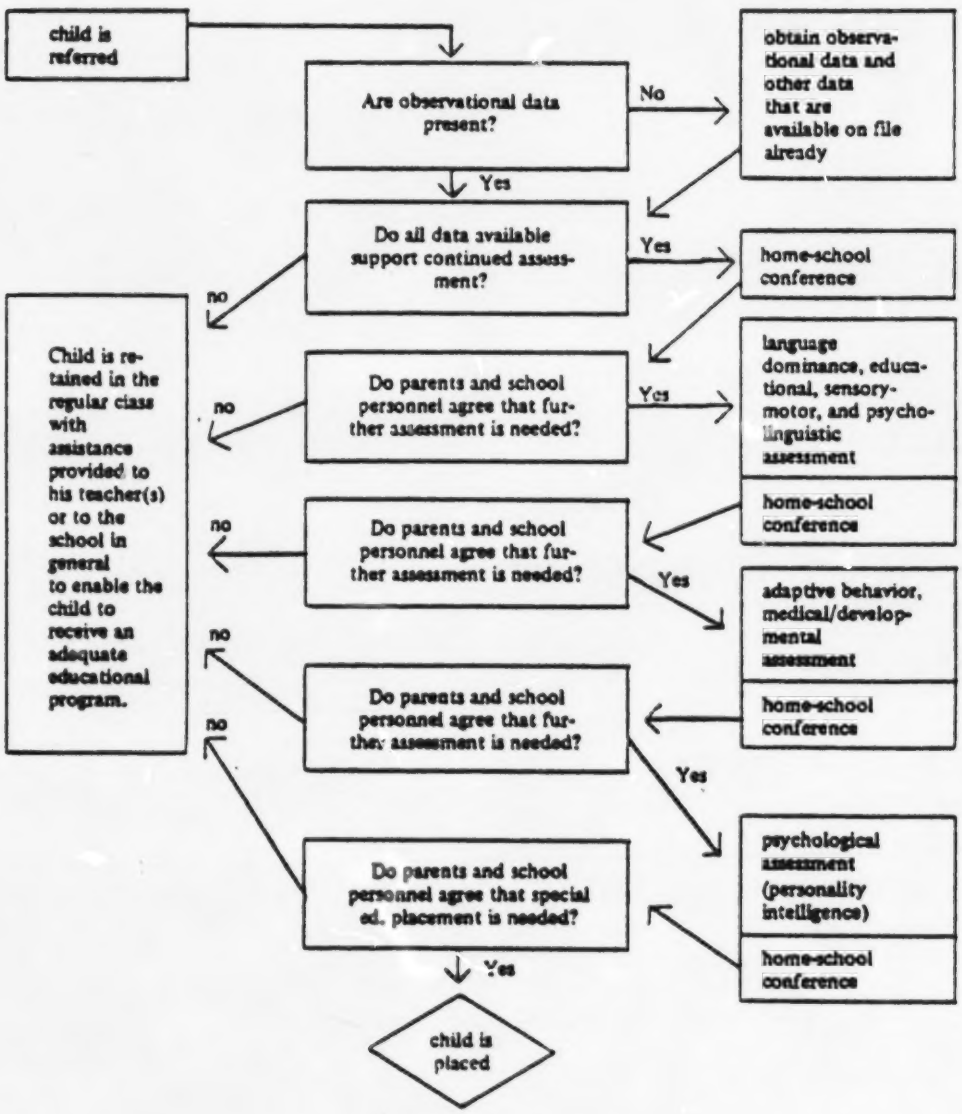
The design presented in Figure 1 is intended as a suggestion for assessing children who are referred with symptoms indicating only possible mildy handicapping conditions. It is not intended for use in assessing the more severe handicapping conditions.

The relevant sources of information covered in this section, which are deemed essential to any comprehensive individual assessment, are divided into the following categories:

1. Observational data.
2. Other data available.

Figure 1

COMPREHENSIVE INDIVIDUAL ASSESSMENT
For Possible Mildly Handicapping Conditions


child is referred
Are observational data present?
No
obtain observational data and other data that are available on file already
Yes
Do all data available support continued assessment?
Yes
home-school conference
no
Child is retained in the regular class with assistance provided to his teacher(s) or to the school in general to enable the child to receive an adequate educational program.
Do parents and school personnel agree that further assessment is needed?
Yes
language dominance, educational, sensory-motor, and psycholinguistic assessment
home-school conference
no
Do parents and school personnel agree that further assessment is needed?
Yes
adaptive behavior, medical/developmental assessment
home-school conference
no
Do parents and school personnel agree that further assessment is needed?
Yes
psychological assessment (personality intelligence)
home-school conference
no
Do parents and school personnel agree that special ed. placement is needed?
Yes
child is placed

3. Language dominance.
4. Educational assessment data.
5. Sensory-motor and/or psycholinguistic assessment data.
6. Adaptive behavior data.
7. Medical and/or developmental data.
8. Personality assessment data, including self-report.
9. Intellectual assessment data.

Each of these general sources will be treated separately in the following fashion. For each source there is a rationale, an objective for obtaining data from that source, criteria for evaluating procedures to use, interpretation of data, and finally, options available based on the data. Each of these subheadings is described in more detail below.

Rationale. It is important to know why it is necessary to obtain data from a given source. In some cases they are relevant to support other data, while in others they are central to policy decisions that have to be made. These kinds of considerations are described briefly under the rationale section.

Objective. This section states the purpose of gathering data from the source under consideration.

Evaluation. This section is provided to help answer the question, "How do I know when I have the data I need from this source?" Criteria for evaluating the degree to which sufficient data have been obtained are provided here.

Procedures. This section provides an idea of the techniques and procedures that are available to gather data from the source under consideration.

Interpretation. Considerations that should be applied to the interpretation of data from the source under consideration are the primary point of this section. Also covered are certain limitations on the types of professional expertise that can adequately interpret certain types of data (e.g., medical data are interpreted by qualified physicians and psychological data by qualified psychologists).

Options. When the data have been collected and interpreted, then the options open to the decision makers are presented here.

These summaries are necessarily brief. The reader undoubtedly can add any number of additional considerations, procedures, limitations, and options. It is not the intention of this document to leave the impression that the information presented here is complete or in all cases is the best treatment of the data. These considerations are offered solely as suggestions for those seeking to provide a better comprehensive individual assessment leading to more appropriate programming and less biased placements.

1. Observational Data

Rationale. Before a child is considered for special education intervention, adequate information should be obtained from teachers and other educators who work directly with, and know, the child. Such data should be required as support for the need for the referral. It is, in a sense, the child's first line of defense. Without such data in sufficient quantity, decision makers may act on the emotionally inspired requests of a single person who wants a child moved. Many times, when sufficient observational data accompany the initial consideration for special education intervention, it is a relatively simple matter to prescribe immediate intervention that does not require further assessment or special placement.

Objective. The objective of gathering observational data is to obtain an indication of deviance, or the lack thereof, from standards of normal children within the same educational environment.

Evaluation. The degrees to which observational data are measurable (and therefore quantifiable), communicable to other significant parties (e.g., parents), and corroborable by additional observers are the criteria for evaluation.

Procedures. Any procedures which meet the requirements imposed by the objective and evaluation sections above will be acceptable. Examples from the available techniques include precision teaching charts, Burch rating samples, anecdotal records, time samples, and interaction analysis.

Interpretation. The observational data accumulated and presented along with a referral should be analyzed by qualified personnel who are sensitive to the individual needs of the child and who are, as far as possible, not emotionally involved in the decision-making process.

State or local policies may require that such data be interpreted as part of the screening process by certain designated professionals. In such cases, great care should be taken to ensure that such persons are adequately fulfilling their responsibilities; the quick collection of meager observational data must not be condoned. The degree to which described observational data are unique and specific to the child being referred is a critical issue to be determined at this point.

Options. The question to answer is simple: "Is there an indication of deviance worthy of considering special education intervention?" If the answer is "No," then no further assessment is necessary, but the child's teacher should be given some assistance in dealing with the child as she/he perceives him/her. No child, once referred, should be dropped without any assistance. This is just good preventive sense. If the answer to the initial question is "Yes," then proceed to gather data from the next source of information.

2. Other Data Available

Rationale. Observational data can be misleading if they represent a temporary situation in the child's life. By inspecting the child's cumulative records and other available data without additional testing, decision makers can ascertain if there are any other indications from the child's history that would account for the referred behavior. For example, if a child has been absent from school more than she/he has been present, then certain current behaviors could be explained easily in terms of her/his past history. Data from medical examinations or hearing and vision screening may be on record. Furthermore, if such information is not available, this suggests a need to request it from schools previously attended, from parents, and from other sources.

Objective. The objective of checking available data is to locate corroborating or disconfirming evidence of the deviance observed.

Evaluation. The presence or absence of data available to corroborate or disconfirm the behavioral deviance observed is the criterion for evaluating this source of data.

Procedures. Procedures include inspecting data filed on campus or elsewhere in the school system the child presently is attending, or requesting such data from other schools, parents, and other sources. Care should be taken to maintain the confidentiality of records where appropriate.

Interpretation. Usually state and/or local policies indicate who has access to the available data on a given child in a school district. When such data are obtained, however, the persons analyzing the data should be both professionally certified to make accurate judgments regarding such data and sensitive to the subtle indications that might be present in the data but might not be obvious to the casual observer. The primary consideration here is the degree to which support exists for continued assessment toward potential special education intervention.

Options. The question to answer is simply, "Is there corroborative evidence of deviant behavior to justify special education intervention?" If the answer is "No," then it is possible that no further assessment is necessary, but the child's teacher should be given some assistance in dealing with the child as she or he perceives him or her. It is also possible, however, that additional information is needed. If the answer to the question is "Yes," then proceed to gather data from the next source of information deemed appropriate.

3. Language Dominance Data

Note: Parental involvement is essential. Documented evidence must be obtained to indicate that the parents are informed (in their primary home language) of possible actions recommended and the nature and implication of these actions. Their approval to proceed also must be obtained.

Rationale. Determining the child's language dominance and the degree to which it is compatible with the language used in the school can be critical in determining the degree to which a child may or may not be exhibiting symptoms of a possible handicapping condition. Information on language dominance is needed primarily to avoid the misdiagnosis (and subsequent misplacement) of nonnative English-speaking pupils and to identify language deficiencies which need attention.

Objective. The objective of ascertaining language dominance is to determine the language appropriate for further assessment and to determine the effects that language (or the lack thereof) may have on the other data collected.

Evaluation. The degree to which a child performs on measures of language dominance (and language proficiency) represents the criterion for determining whether or not the objective has been met.

Procedures. Various tests of language dominance are presented and evaluated in Appendix H of this reference. Other formal and informal assessment techniques not referenced herein also may be useful. The procedures discussed under the Lau v. Nichols decision in chapter 3 of this reference also should be considered in determining language dominance.

Interpretation. Persons performing the assessment and interpreting the data from language dominance measures must be familiar with the child's culture and conversant in his spoken language.

Options. Two questions must be answered. The first is, "What is the child's primary home language?" If the child's language is not the dominant language used in the tests, then alter the language used in tests to make it compatible with the child's language. If the child's dominant language is that used in tests, no alterations in the test's language are needed.

The second question is, "Is the child's language proficiency congruent with the level of functioning and behavioral observation which led him to be referred for possible special education intervention?" A non-English-speaking child may be mentally retarded, but not until he demonstrates this on assessment techniques administered in his primary home language can that decision be made. Language proficiency information can assist the decision makers to determine whether scholastic difficulties are attributable to a real lack of proficiency or simply to a lack of exposure to the dominant language of the school.

4. Educational Assessment Data

Note: If this assessment is being performed as part of a process to determine whether the child will be eligible for placement in a special education environment, then the parents must be informed. Informed parental permission must be obtained in documented form.

Rationale. Under the available data section, general information about a child's academic progress was obtained. This information, however, may be an inaccurate reflection of the child's level of educational achievement or may be discrepant with the observational data reported with the referral. An in-depth, individually administered, educational assessment often is necessary.

Objective. The objectives of gathering additional educational data are to determine under more controlled conditions the child's functional educational abilities in subject matter areas, and to determine if a discrepancy exists between a child's previously reported achievement and the level at which (s)he is able to perform under more controlled conditions. The purpose here should be to provide a base for building an academically oriented intervention program.

Evaluation. The degree to which such an assessment shows a child's academic strengths and weaknesses in a manner which can translate into prescriptive intervention strategies shall be the means of evaluating the educational assessment. Unless the assessment is directly relevant to instruction, the time spent on assessment is wasted.

Procedures. Instruments and techniques which assist in developing academic interventions should be used. Assessment measures which are performance based are highly desirable. The task-analysis model described in chapter 4 of this reference and diagnostic tests in achievement areas are two examples to consider.

Interpretation. Many of the programs available for assessing educational performance provide their own interpretation, but the key is to insure that interpretation always can be translated into classroom activities which can advance the child's educational skills.

Options. The question to answer is, "To what extent are the strengths and weaknesses found indicative of a handicapping condition?" It may be that the child demonstrates slight deficiencies and should be referred for remedial work in regular education. On the other hand the assessment data may provide support for believing the child is suffering from a broad and pervasive handicapping condition. Additional data are needed to ascertain this possibility.

5. Sensory-Motor Assessment Data[1]

Note: Here again the parents must be involved; they must understand the implications of pending actions and must give their permission for the assessment.

Rationale. The rationale is that sensory-motor difficulties are associated with learning handicaps and can be remediated, allowing for an increase in learning.

Objective. The objective of gathering data from sensory-motor assessment is to establish support or the lack thereof for considering placement in a setting for the learning disabled. The data also may be useful for educational programming.

Evaluation. Since the quality of learning aptitude being measured is that elusive element called the "learning process," and since few definitions offer a means of consistent and valid measurement, criteria are not well developed. Whatever criteria are adopted should be used with the full understanding that the constructs underlying their use are not well developed.

Procedures. Many formal tests are available to assess visual, auditory, and motor skills; some of these include the Developmental Test of Visual Perception, Bender Visual-Motor Gestalt Test, Revised Visual Retention Test, Developmental Test of Visual-Motor Integration, Auditory Discrimination Test, Test of Auditory Perception, and Lincoln-Oseretsky Motor Development Scale. Informal measures and task analysis also can be useful in examining sensory-motor skills.

Interpretation. The data are interpreted in terms of the test's theoretical position. The primary consideration here is the degree to which the data can be accepted as meaningful and helpful in educational planning for the referred child.

Options. The question to answer is, "Do sensory-motor deficits exist in light of the theoretical position of the assessment technique?" If the answer is "Yes," then the child may be considered for possible special education intervention. If the answer is "No," then the child is either terminated as a candidate for special education consideration or assessment continues toward other relevant areas before a final decision is made.

6. Adaptive Behavior Data

Note: At this point, parental approval is required before proceeding further. Communication with the parent must be in the primary language of the home, and there must be documented evidence that not only were the parents informed of possible actions to be taken, but also they understood the nature and implication of the actions and approved of them. Be as specific as possible!

Rationale. It is important to know the degree to which behavior observed in the learning environment generalizes to other environments—the playground, the home, the neighborhood, and the community. Many children who do not function in the normal range in the traditional learning environment are quite capable of normal functioning in nonacademic settings. The following definition of adaptive behavior is offered by the American Association of Mental Deficiency.

> The dimension of adaptive behavior refers primarily to the effectiveness with which the individual copes with the natural and social demands of his environment. It has two major facets: 1) the degree to which the individual is able to function and maintain himself independently, and 2) the degree to which he meets satisfactorily the culturally imposed demands of personal and social responsibility (Heber, 1961, p. 61).

Examples of adaptive behavior measures for children include the Balthazar Scales of Adaptive Behavior (Balthazar, 1971), the Adaptive Behavior Scales (Nehera, Foster, Shellhaas, & Leland, 1969), the newer school related version of the American Association on Mental Deficiency Adaptive Behavior Scale[2]—1972 Revision, and the Vineland Social Maturity Scale. While the Vineland often is used to assess a child's social development, the scale probably measures a more restricted set of behaviors than those normally included in the newer adaptive behavior scales. Mercer's adaptive behavior scale should be available from the Psychological Corporation in 1976. Mercer discusses some of her previous research on this topic in Labeling the Mentally Retarded (Mercer, 1973).

Interpretation. Adaptive behavior measures permit us to ascertain if a child's general adaptive skills are similar to those of other children of the same age and enable the child to function effectively within his/her cultural or environmental setting. The primary consideration is the degree to which the referred child's out-of-school behaviors are similar to his/her in-school behaviors.

These scales should be administered and interpreted by certified professionals who are familiar with the child's culture and conversant in the language spoken in the home.

Options. The question to answer is, "Does the child's adaptive behavior out of school provide support for further consideration and assessment toward possible special education intervention?" If the answer is "No," then there are two options: to terminate further consideration and provide the child's teacher with assistance in dealing with the child, or to continue to assess the child in terms of data from further sources. If the answer to the initial question is "Yes," then proceed to gather data from the next source of information deemed appropriate.

7. Medical and/or Developmental Data

Note: The parents must be involved in providing access to existing data and in granting their approval to acquire additional data. Documentation of the parents' informed consent is essential.

Rationale. A child may manifest symptoms which appear to the casual observer as evidence of a handicapping condition deserving special education intervention, when, in fact, the child is suffering from a medical problem that can be remedied by medical intervention. It is important to know the medical and developmental history of a child when making decisions about educational programming that may affect him in unknown ways.

Objective. The objective of gathering medical and/or developmental data is to provide assurance that difficulties observed are not of medical origin and to provide data which will serve as a basis for referral for appropriate treatment.

Evaluation. The quality of the medical and/or developmental data will serve as criteria for evaluating the degree to which this source of data has been used maximally.

Procedures. Two valuable documents are useful for school personnel in the comprehensive medical evaluation and screening for potential health problems: A Guide to Screening for the Early and Periodic Screening, Diagnosis and Treatment Program (Frankenburg & Worth), and Physician's Handbook: Screening for MBD (Linden Medical Book Co.). Lambert et al. (1974) also provide a developmental and health history interview form. The list (Frost, J., & Minisi, R.) of assessment instruments in early childhood also may be helpful. Local physicians, particularly pediatricians, also will be able to suggest instruments to use for screening purposes.

While screening instruments should be utilized, they are not substitutes for a complete medical examination provided by physicians who specialize in working with children.

Interpretation. Only personnel with the training, certification, and licensure necessary to legitimize judgments in accordance with state and local policies should be allowed to render them based on medical or developmentally related data. Medical evaluations should be comprehensive in nature so that important symptoms are not overlooked in favor of a simpler, more economical "once over lightly" checklist of standard questions.

Options. The question to answer is, "To what extent can the symptoms observed from other assessment data be explained in terms of medical and/or developmental history and conditions?" If the medical involvement is significant, the child could be in need of additional medical intervention instead of, or in addition to, special education intervention. If there is no significant medical involvement, then the options are either to terminate further assessment and return the child's programming to his teacher or to continue assessment in terms of data from other relevant sources.

8. Personality Assessment Data--Including Self-Reports

Note: Parental involvement is essential and required. The parents must be informed in their primary home language of pending actions and of their possible consequences. Documentation must be obtained showing the parents' informed consent.

Rationale. Complex emotional and personality variables may interact in many ways to cause the child's referred behavior. It is quite helpful to have valid data regarding these variables. There may be nothing handicapped about the child, and his problem might be corrected by intervention strategies available through the regular school program (i.e., the school counselor). On the other hand, some form of psychosis or severe neurosis may be present and diagnosed, so appropriate special education intervention can be provided.

It is especially important to get the child's own viewpoint of what is going on and how he perceives it by directly interviewing the child. Many times decisions are made which move children from place to place and no one ever asks the child what he thinks.

Objective. The objective is to determine the degree of emotional involvement present in the observed deviant behaviors and to determine the degree of abnormality (if any) indicated.

Evaluation. The presence or absence of emotional disturbance as determined by appropriately credentialed professionals is the criterion for determining whether or not the assessment of personality factors is sufficient.

Procedures. The standard techniques used are projective tests, but to gain access to the child's own perceptions, one should include techniques for that purpose, i.e., personal interview, sentence completion, autobiography (tape-recorded possibly).

Interpretation. Interpretation of personality assessment data should be attempted only by highly skilled and experienced professionals in psychology or psychiatry (or as allowed by specific state and local policies).

Furthermore, the information generated by such interpretation is of an extremely confidential nature and every effort should be made to maintain proper confidentiality.

Options. The question to answer is, "To what extent is the referred child's observed deviance within normal limits given the circumstances surrounding the child at the time?" If there is evidence of severe emotional involvement (as judged by competent professionals) then the child may be considered for special education intervention provided other data support such a decision. If there is no such evidence, then the child might be referred to the school counselor or school psychologist through the regular education program. If the child is not placed in special education, assistance should be given to help his teacher handle his specific problems as they relate to the learning environment. The decision to place or not to place the child in special education classes for the emotionally disturbed should be based on more supporting data than a simple assessment of personality variables.

9. Intellectual Assessment Data

Note: In this area parent involvement is mandatory. Informed consent must be documented prior to the administration of intelligence tests. The child must be assessed in his primary language--the language with which he is the most familiar and has the best capacity to understand.

Rationale. Tests of academic aptitudes are valuable tools which can provide objective, quantifiable, and predictive data. If one accepts that a basic role of school is to foster academic development, then these tests provide the best predictors of success. It is when the tests are used to classify

pupils into ability levels for special education classes for the mentally retarded (not to mention classes for the mentally gifted) that problems arise.

Objective. To provide accurate data to estimate the level of a child's intellectual functioning.

Evaluation. The degree to which other assessment data are also used in the determination of the validity of intellectual assessment data will be the criteria for determining whether or not the assessment of intelligence is acceptable.

Procedures. Various individually administered standardized tests, utilizing nonverbal and verbal responses, are available to use.

Interpretations. Most quantative interpretations utilize national norms. It is important to expand beyond this one set of reference data and consider his/her performance with respect to localized norms or those available for the child's own racial-ethnic or social-economic group.

Interpretations of data from tests of academic aptitude often are enhanced by using other strategies. Meeker (1969) presents techniques for analyzing a child's performance in reference to Guilford's Structure of Intellect model. Newland (1963) encourages us to differentiate performance data on the basis of items which tap basic psychological processes versus those which more directly reflect learned behavior (e.g., achievement in school). Conceptual models of intelligence presented by Jensen (1970) and Cattell (1963) also are useful in analyzing a child's performance on academic aptitudes tests. Many of these strategies are summarized by Sattler (1974) and Lambert, Wilcox, and Gleason (1974).

Options. The question to answer is, "What evidence exists in the data from ALL other sources to substantiate the findings of intellectual assessment data?" If the answer is "little or none," then it would be unthinkable to place any reliance on an IQ test score regardless of how well the test was administered in accordance with strict standardized testing procedures. Let the weight of available data speak for itself and never give added weight to the IQ test simply because it provides a score.

If the answer to the initial question is, "Support is present in adequate measure," then professional judgment is necessary to make a decision about the level of intellectual functioning demonstrated by the referred child. If the level of intellectual functioning is below the limits required for consideration as mentally retarded, then make the decision with the assurance that ALL available assessment data have been obtained and used in the decision-making process.

Summary

Nonbiased testing simply means reducing the chance that a child is incorrectly placed in special classes and increasing the use of intervention programs which facilitate his physical, social, emotional, and academic development.

On the assumption that children have been segregated on the basis of biased testing procedures, educators have sought for that magic formula which will eliminate the bias from tests used in placement of children into special education classes where a social stigma is implied.

While biased testing practices may have been employed, there is far more evidence that the use of test data has been the biasing factor rather than the tests themselves. Test data are no more valid than the professional judgment used to apply them.

Only when all sources of data are considered in concert is an assessment truly comprehensive and only then do decision makers have the necessary information to make appropriate decisions about the educational placement and programming of a child referred for special education consideration. Placement on less data than this is to deny a child his civil rights as an individual. The assessment techniques used may be as nonbiased as presently possible, however, until all relevant data was available, a nonbiased decision is not possible.

CONTENT FOOTNOTES

1. Some persons seriously question whether sensory-motor abilities can be assessed accurately or can be improved through special programming. These questions also may apply to other characteristics of children under review. Nevertheless, state and local policies often require assessment of sensory-motor and other abilities. Thus, they are included within this comprehensive assessment process.

2. Research on this scale continues. Lambert (1974) reports data on California children between 7 and 14 from regular, EMR, and TMR classes. Children from various racial-ethnic groups and social classes were included in this study.

SECTION SIX

RECOMMENDATIONS FOR THE ASSESSMENT OF LOW INCIDENCE HANDICAPPED INDIVIDUALS

THE EVALUATION OF CHILDREN WITH LOW INCIDENCE HANDICAPPING CONDITIONS

In Maryland the term "low incidence handicapped" is the term used in referring to those multiply-handicapped children whose combinations of handicaps are represented in a very small percentage of the handicapped population and which impact these children to the degree that they are currently in need of services which address the development of skills that are prerequisite to self-feeding, self-toiletting, self-dressing and the utilization of some system of communication.

Comprehensive assessment of individuals in this population is a complex process. The article by DuBose, Langley and Staff, which is included in this section, merits thoughtful study.

Some general statements are made here as guidelines for the assessment of children with low incidence handicaps to assist professionals in complying with the Bylaw and in getting viable programs started.

1. Evaluation should be geared to developmental standards, not academic standards or grade levels.

2. Evaluation should include professionals in occupational and physical therapy and ophthalmology and audiology to determine the levels of ability and disability in sensory and motor skills and to determine need for service. Of particular importance is the recognition of cortical blindness and cortical deafness and to establish discriminations between neurological, orthopedic, and developmental sources of limited motor function, as these factors relate to treatment and program.

3. Assessment should address performance criteria relative to tasks associated with the developmental sequence, but not with age levels. An example is: "The child brings a spoonful of applesauce to his mouth with no spilling." Developmental norms are irrelevant. Children in this population by definition do not perform at or near age level. The use of developmental standards applies to the sequence of skill acquisition, not to the age at which it normally occurs.

4. In conducting assessments for ARD Committee review and for the preparation of IEP's on this population, it is usually advisable to identify major target behaviors which should be addressed in the IEP. Examples are: head control, decrease of self-stimulation, finger feeding, toiletting. It is often not appropriate to delay the assessment process by attempting to get baselines over 3-5 day periods in 10 skill areas. This should be done selectively by the teacher and therapists after the program has been implemented. The mandatory 60 day review is an acceptable time for necessary refinements in the child's IEP.